#### PERMANENT UNFADING INK-THIS IS

Very PHYSICIANS should state of OCCUPATION IS RECORD statement stated EXACTLY. classified. Every item of information should be CAUSE OF DEATH in plain terms. See instructions on back Important. N.B.

1 PLACE OF DEATH County 1 acts Village or City White Drank Po

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or lostitution. give Its NAME Instead of street and number.]

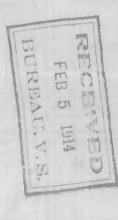
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED ares  Wipowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day (Year)	that I last saw here alive on Mariy 26 ,1914.
TA	JOyrs.   mos 2   ds.   OR	and that death occurred on the date stated above, at $\frac{8.10^{-}A}{m}$ , The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)		Facumonia (Duration) yrs. nos 5 ds.
9 8	RTHPLACE (State or country) In a	Gentributory Secondary  Frust Jacque (Duration) yrs mos ds.
10	10 NAME OF Shorles alchust	(Signed) The Workanism, M. D. Jany 27, 1914 (Address) Smeal River m. &
ARENT	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
14 7	OF MOTHER acus a & Bevaus  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) George Chebrust		if not at piace of death?  Former or  usual residence.
1 6 FII	ed fan 29, 1914 S. F. H. Horsuth	19 PLACE OF BURIAL OR REMOVAL  Careb Choppel Serry 30, 19152  20 UNDERTAKER  ADDRESS  FULLISTON
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Senile," etc.), "Dropsy," "Exhaustlou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: affection uecd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Agc," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



**FMANENT** Ш Œ

Very Julanuers PHYSICIANS should of OCCUPATION is St: .....Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S.SINGLE: 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, U (Month) Write the word) 6 DATE OF BIRTH Auc (Month) (Day) (Year) 7 AGE if LESS than 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 roperly BOCCUPATION 5 (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which employed (or employer) BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 10 ARENTS 11 BIRTHPLACE OF FATHER should 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER OR RECENT RESIDENTS) Instructi 13 BIRTHPLACE \_ At place in the OF MOTHER (State or country of death ...... yrs. .... mos. ..... \_ ds. DEATH Where was disease contracted. if not at Blace of death?..... of 0 F usual residence. mportant. Every Ite PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTEAR

If more blanks are needed, address State Registrar, 6 E. Franklin-St., Basto., Requesting V. S. No. 1.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

Ilf death occurred in a hospital or institution, give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at / U.L. a.m. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State yrs, \_\_\_\_ mos. \_\_\_ ds. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative heaithfulfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile." etc.), "Dropsy," "Exhaustion," Accidental drowning; Struck by railway train-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms) : Measles; Whooping cough; Chronic merc symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Aiways qualify all diseases resulting from (Recommendations on statement of may he stated under the head (secondary or intercurrent) (name origin: "Can Never report Examples: For VIO-



,	PLACE OF DEATH	STATE OF MARYLAND
C.	ounty Balto	CERTIFICATE OF DEATH
U(	ounty	Bestetonia v. 113,
	11 1/4 /	Registered No. 40'
٧	illage or City / Landler (No. 1/10	St; Ward) [It death occurred in a hospital or institution.
	1	give its NAME Instead
	2 FULL NAME SUGARST 6	Indera on of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE,	18 DATE OF DEATH
n	tale Whate (Write the word)	(Month) (Day) (Year)
8 D	ATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
	Qt 12 1913	January 4, 191 4, to January 8, 1914
	(Month) (Day) (Year)	that I last saw ham alive on January 8 ,1914
7 AC	It LESS than	and that death occurred on the date stated bove, at 11 40 Pam,
	9 7 1 day,hrs.	The CAUSE OF DEATH* was as follows:
8 0	CCUPATION TS. Mos. C. ds.   ORmln.?	
(a)	Trade, profession, or	Bar al Characteristics
	IIII IIII VI TVIN	Woncho- Mumsma
bus	General nature of industry, iness, or establishmen1 in	(Buratian)
	ch employed (or employer)	(Duration) - yrs mos 4 ds.
(S	RTHPLACE (tate or country) Baltomore	(Secondary)
	10 NAME OF CO A A A	(Duration) — yrs — mos. 7 ds.
	FATHER Chas Andreon	(Signed) Momo 13. Avrn , M D.
TS	11 BIRTHPLACE OF FATHER OF	January 9, 191 4 (Address) Hamilton Mid
FNI	(State or country) Dallamore	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMEOFOLIAN
PAR	of MOTHER 4,00. 910 01.53	The solution of the solution o
۵.	of Mother Lillian Waldwer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country) Baltinors	At place In the
14-	THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Interment) August Haldings		It not at place of death?
		Former or usual residence
	(Address Mary ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 900001	Baltimore Lengthy Jan 11 1914
Filed for 1 1944 M. Clay to		20 UNDERTAKER ADDRESS
	REGISTRAR	Henry Lules 1000 N Board
-	if more blanks are needed, address State Registrar, 6 l	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important. oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-The nature of the death), 29 ds.;



V. S. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 175	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Registration Dist. No. 41	
Village or City Syllandin (No. 2)	St.; Ward)  [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEY 4 COLOR OR BACE 5 SINGLE, M. A. A.	16 DATE OF DEATH	
male W MARRIED, Marked Wilower, OR Olyorceb (Write the word)	(Month) (Day (Year)	
G DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from	
(Month) (Day (Year)	that I last saw h	
7 AGE (STORELY) (Day (LEAY)	and that death occurred on the date stated above, at	
> 2 10 - 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
9 OCCUPATION	1-1-1-1-1-1-P	
(a) Trade, profession, or particular kind of work	would by flat Book	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.	
9 BIRTHPLACE (State or country) Lemmany	Secondary	
10 NAME OF ANKROOM	(Signed) (Duration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country)	\$ State the Distance Children Destrict on the death of	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WHEN OF MOTHER  WHEN OF MOTHER  WHEN OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,	
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
(Interment) connected by	Former or usual residence.	
(Address) 3913 tart an	19 PLACE OF BORIAL OR REMOVAL PATE OF BURIAL	
Fled an & 191 DE Me Ganahan	20 UNDERTAKER 24 ADDRESS	
REGISTRAR	Glast Dienner 1442. M. Burg	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report For vio-



BINDING FOR RESERVED MARQIN

PHYSICIANS should state of OCCUPATION IS very RECORD PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT EXACTLY. 5 SINGLE, 4 COLOR OR PACE MARRIED, WIDOWED, Write the word) 8 DATE OF BIRTH stated classified. 4 (Day) (Month) (Year be 7 AGE If LESS th IS pinous t day, .....hr THIS properly AGE BOCCUPATION (a) Frade, protession, or INKparticular kind of work carefully supplied. (b) General nature of Industry, that It may be business, or establishment lo UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 50 WITH pe back 11 BIRTHPLACE DEATH in plain terms, ARENT OF FATHER (State or country) Information should 5 PLAINLY. 12 MAIDEN NAME OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country WRITE 14THE ABOVE 0 Item CAUSE OF Important. (Address) 15 B. No. m REGISTRAR ż If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..... [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]

	9.9 Te 16.02 to 24.04 Te 20.04		
	MEDICAL CERTIFICATE OF DEATH		
	18 DATE OF DEATH Jan 12 1914		
	(Month) (Day) (Year)		
_	17   HEREBY CERTIFY, That I attended deceased from		
	Juny 12 1914 to Jany 12 1914		
0	that I last saw h or allye on January 12, 1914		
-1	that I last saw no alive on 17		
1	and that death occurred on the date stated above, at m,		
	The CAUSE OF DEATH* was as follows:		
-			
	vinvulsions		
	6/she		
	(Duration) yrs. mos 0/2 ds.		
	Contributory Nonho-Meumonia (Secondary)		
	101 11 17		
4	(3guet)		
#	Jany 13, 1914 (Address) 108 N. Butten Uns		
1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	At place In the		
	of death yrs. mos. ds. State yrs. mos. ds.		
	Where was disease contracted, If not at place of death?		
	Former or		
-	usual residence		
	19 PLACE OF BURIAL OF BURIAL		
•	London Vark Jan. 15194		
	29 UNDERTAKER ADDRESS		
	1 m 1 1 1000 1-2/11/19 1		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, pertionaeum, etc.. Carcin-

affection need not be stated unless important. LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purepreal septichae-mia," "Puerpenal perioditis," etc. State cause for scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always quality all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Village or City Mean Reintentogno.	CERTIFICATE OF DEATH  Registered No.  St; Ward)  St; Ward)  St; Ward)  St; Ward)  St; Ward a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temal white of BIRTH  4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, Word)  6 BIRTH  6 BIRTH  6 BIRTH  6 BIRTH  6 BIRTH  6 BIRTH  6 BIRGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191  191  191  191  191  191  191  1
(Month) (Day) (Year)	that I last saw h alive on face 19 ,191 4
7 AGE 49 yrs 6 mos. 23 ds. OR min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work  Mosse	
(b) General nature of industry, business, or, establishment in which employed (or employer)	(Ouration) yrs. 6 mos. ds.
State or country) Batto to And	Contributory (Secondary) (Duration) yrs mos ds.
on 11 BIRTHPLACE  OF FATHER  (State or country) Batto Co Md	In a Hondled
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPIYALS, INSTITUTIONS, TRANSIENTS, IN RECENT RESIDENTS)  RECENT RESIDENTS)  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Grace R Baseman	of death yrs mos ds. State yrs mos ds.  Where was disease contracted,  If not at place of death?  Former or  usual residence.
Filed Jan 22, 191. + H. J. Shoph REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Restriction MC Jan 23, 191. 4  20 UNDERTAKED ADDRESS  Restriction Removal  ADDRESS
If more blanks are needed, address Rists Poulates	In la Manual In St. Parks B. It W. S. W. S. W.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, factorated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (no maid Housekcepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemorete. But in many cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at heginning of illgainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer statement. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on a Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. niaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has ount of the DISEASE fact may be indi-As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Potsoned mia," "Puerperal peritonitis," childhirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough: Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples For vio-



WRITE PLAINLY, WITH UNFADING INK—ITIIS IS A LEWELY PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RESERVED FOR BINDING MARGIN V. S. No. 1.

County Sattemore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
2 FULL NAME Regulation	Beale (stept ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Late Sound Street Wilder Street Willed Wille Will Wille Word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h allve on
7 AGE  11 LESS than 1 day, hrs.  1 day min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland	Contributory Mealing (Ouration) 1975 mos ds.
10 NAME OF FETTY BREEK  11 BIRTHPLACE OF FATHER (State or country) Many Could  12 MAIDEN NAME COUNTY OF MOTHER OF MOTHER COUNTY OF MOTHER COUN	(Signed)  (Address)  (Add
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed Jan 7, 1914 Marshall B Wist  REGISTRAR	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  August Cauctus Buriatowal Date of Burial  20 UNDERTAKER  20 UNDERTAKER
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation -- Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Purpreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." is less definite; avoid use of "Timor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of may be stated under the head of "Exhaustion," Never report For vio



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. S. No. 1.

/ce	PLAGE OF DEATH 179	STATE OF MARYLAND CERTIFICATE OF DEATH
/	1 -7	Registered No.
v	*FULL NAME Christianna	Beckley [If death occorred le a hospital or institution, give its NAME instead et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 6 SINGLE, MARRIED, Married Widowed Married (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
60	ATE OF BIRTH	
	May 25-, 18-36 (Morth) (Day) (Year)	that I last saw h or alive on four 16 to 191 4
TA		and that death occurred on the date stated above, st 12-307m.
	7 yrs. 7 mos. 2 4 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION /	Chronic Interdend
	Trade, profession, or House work	nestintis
(b)	General nature of industry,	4-
bus Whi	ness, or establishment in the same of the	(Ouration) Zyrs. mos. ds.
9 B	RTHPLACE tate or country) Bottlo- Con Mich	(Secondary)
	10 NAME OF Sohrelother alcher	(Signed) Type Constitution (Signed) , M. D.
S	11 BIRTHPLACE A	Jan 18 , 1914 (Address) Rustin trul
ARENTS	(State or country) patto co AMO	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HUMICIDAL.
PA	OF MOTHER Aulia Bowen	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	OF MOTHER (State or country) Bello Co Mc	At place In the of death yrs mas ds. State yrs mas ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant, Holus & Beekley	Former or usual residence
	(Address) Aejalualoure III	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1	Rushustare tol Jan 20, 1914 20 UNDERTAKER
Filed 19, 1914 Tymplase REGISTRAR		A to Clive Reulevalore
The state of the s	If more blanks are needed, address State Registral	r, 6 5 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinology.

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerpebal peritonitis," childbirth or miscarriage, as "Purrperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failurc," "Haemorrhage," "Inanition," "Marasgenital." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anacınla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head of liways qualify all diseases resulting from "Scnile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:



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PHYSICIANS should of OCCUPATION is

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 It death occurred in a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Bay (Year) ORDIVORCEO (Write the word) ! HEREBY CERTIFY, That ! attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs. \_ ds. Where was disease contracted. 14 THE ABOVE TRUE If not at place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

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etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Seuile," etc.), "Dropsy," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Branchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "PUERPERAL septichac-"Exhaustiou,"



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St:....Ward) a hospital or instilution. give its NAME lostead of street and number. 1 \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR BACE MARRIED. WIDDWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1913 to 861 aure that I last aaw h .... allve on ..... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER . 1914 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address). 15 20 UNDERTAKER REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Puerreral septichaecause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical eperation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions." "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... mere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 7 1914
BUREAU, V.S.

	RECORD
NOING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD
m	IS A
F OR	-THIS
ED	INK
MARGIN RESERVED FOR BINDING	UNFADING
Z	WITH
MAM	PLAINLY,
	WRITE

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1	182	
/	PLACE OF DEATH	STATE OF MARYLAND
Cou	inty Jallimon / //	CERTIFICATE OF DEATH
		Registration Dist, No.
Vill	age or Gity Landon (No. 507 ). 2 FULL NAME Oswald Fill	Serg St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Tale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 D	TE OF BIRTH	Jon 1 , 1914, to Jun 10 , 1914.
	(Month) (Day (Year)	that I last saw h sam alive on John 10 1916
TAG	If LESS than 1 day,hrs.	and that death occurred on the data stated above, a 10 pm, The CAUSE OF DEATH* was as follows:
	yrs mos. 3 ds. OR min. ?	THE GAUSE OF DEATH * Was as follows:
(a)	CCUPATION Trade, profession, or fleular kind of work.  Labor.	Telmonary Tuberculous
(b) busi whice	General nature of Industry, ness, or establishment in the employed (or employer)	(Duration) yrs b mos. ds.
981	RTHPLACE (State or country)	Gentributory Heometic tronge from
	10 NAME OF FATHER Frank Beace	(Signed) Grand (Buration) yrs mee ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Jun 11, 1914 (Address) 11 8 & Broadway
PARE	12 MAIDEN NAME . OF MOTHER OF	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrsmosds
	Informants Chily M. Benef	Where was disease contracted, If not at place of death?  Former or usual residence.
	(Address) 507 S. Boulding 14	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	1 au 5 191 4 6 M Canalian REGISTRAD	20 UNDERTAKEN James Jan 1944
C	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of may be stated under the head of etc.), "Dropsy," "Exhaustion," Never report cause for



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 183 County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 41	
Village or City dightandtown 330	Stuton st; Ward)  [It death eccurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Add 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw h allvoon 191 %	
TAGE Still - Birth 1 day,hrs.  yrsmosds. ORmin.?	and that death occurred on the date stated above, at	
8 OCCUPATION (a) Trade, profession, or particular kind of work  (b)	Prolonged Jaker There	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.	
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration)  yrs mos. us.	
o 11 BIRTHRIAGE	(Steped) 6, 18, Mky er gr., M. O.	
Z (State or country)  12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Nacotal Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place	
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  OLONG BULLINGS	of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or usual residence	
(Address) 338 S. L. Millon 15 Jaw 11 1914 DE MI Grualian	19 PLACE OF BURIAR OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS	
REGISTRAR	102. J. Mols 1919 6. Jayatt	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned such, if impossible co determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallscause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maramere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914 BURBAU. V.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlingitis", Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cau-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affectiou need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



N.B

Daltwore

Vil	iage or City Catorinulle (No. Bleo 2FULL NAME Maria Blake	Registration Dist. No. 30  No. 30  Figure 11 August 12 No. 30  [If death occurred in a hospital or institution, give 11s NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	unale   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
	(Month) (Day (Year)	that I last saw h. 1. alive on you 4 1914.
TAGE  1 day,hrs.  OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of Industry, business, or establishmen1 in which employed (or employer)		and that death occurred on the date stated above, at
	(State or country) Catounulle Med	Contributory Osthering Secondary  (Duraflon)yrs
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Worthampshie Eurle OF MOTHER OF MOTHER Churche Persons	(Signed) Wassale B Wyss  7, 1914 (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients,
	13 BIRTHPLACE OF MOTHER (State or country) Colbunully THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informanf) W W Blake	OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds Where was disease confracted, If not at place of death? Former or usual residence.
16 Fil	(Address). Calounulle mal  led 3 1914 marsfall B Work  REGISTRAR  If more blanks are needed, address State Regist	Jandon Park Date of Burial  Jandon Park Date of Burial  20 UNDERTANCE  Was & Shilling 98 Poffleton St.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations dutics of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



state

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ... [It death occurred in .Ward) a hospital or Institution, give its NAME Instead of street and number.]

	MEDICAL C	ERTIF	CATE OF	DEATH	
16 DATE OF		Ja	n	Y	, 1914
17	I HEREBY	(Mon		(Day	(Year)
***************************************		, to			
that I last sa	w h alive	2 on	••••••	*****************	, 191
	th occurred on			above, at	r
The CAUSE	of DEATH* W	as as fo	ollows:	fle	Z.
100100000000000000000000000000000000000	****************************	( Dura	ntion)	yrs	mosd
Contribut Secondar (Signed)		(Dur	ations and a second	yrs.	mosd
*State the Causes, state, Suich	he DISEASE CAU tate (1) MEANS DAL, or HOMICH	SING DE OF INJ	URY; and	in dootha	from Violen
18 LENGTH OR RECENT At place of death	OF RESIDENCE r RESIDENTS)  yrs mos ase contracted, of death?	(FOR H	In the	NSTITUTION	

DATE OF BURIAL

3204 O'Donnell

ADDRESS

19 PLACE OF BURIAL OR REMOVAL

1 renity

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. vi

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. fication as Day laborer, Farm Laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (rctired 6 yrs.) For persons return "Laborer," "Foreman,"

("Pneumonia," Pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal time and causation), using always the same accepted causing death (the primary affection with respect to icsis of lungs, meninges, peritonaeum, etc., fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE for the same disease. meningitis"); Diphtheria (avoid use Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cerebrospinal "Epidemic cere-Carcin-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head terminal conditions, such as "As-The nature of the "Exhaustion," Never report



02

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE. MARRIED,

WIDDWED, ORDIVORCED (Write the word)

(Day

4 COLOR OR RACE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Re

gistration	Dist.	No	41
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It death occurred in a hospital or institution, give its NAME Instead ot street and number.]

Year)

If LESS than

1 day ..... hrs. ....min. ?

MEDIGAL GERTIFICATE OF DEATH	
E DATE OF DEATH & T 4 — (Month) (Day	, 1916
(Mouth) (Day	(Lear)
17 I HEREBY GERTIFY, That I attended de	ceased from
10 24 1914 to	191
hat I last saw helive on	, 191
nd that death occurred on the date stated above, at	730%
nd that death occurred on the date stated above, at	4. m.
he CAUSE OF DEATH* was as follows:	
$\circ$	
molapeus Juns	
Majoreto Vinus	
• • • • • • • • • • • • • • • • • • •	
Contributory Carphy Kan	moo do
(bulation)	NUS
Contributory Letyoury Ca	
Secondary	
(Duration) wre	moe de
	11100
Signed) Voulle Journey	. M. D.
1 211 11 12 5.03 5	
Signed) Dr. (Dyration) yrs.  Signed) 24, 1914 (Address) /255 Port	
*State the DISEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURY; and (2) wheth TAL, SUICIDAL, OF HOMICIDAL.	om Viorgam

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE

OR RECENT RESIDENTS)				,
At place of death yrs mos	ds.	In the State	yrs,	mos ds

If not at place of death?

Former or

usual residence

OF BUR van

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

#### pinous PHYSICIANS RECORD PERMANENT 4 be AGE INK carefully supplied. UNFADING WITH pe pinous

state Very

3 SEX

TAGE

ARENTS

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLAG

(Intermant)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of Industry,

business, or establishment in

which employed (or employer) -----

OCCUPATION of statement EXACTLY. Exact stated properly classified. pe may certificate. that Jo back terms, On plain See Instructions Item of Information \_\_ DEATH WRITE CAUSE OF mportant. Every B

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupatious a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (4)

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," ctc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



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State

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No... [If death occurred in ..Ward) a hospifal or Institution. give its NAME instead of sfreet and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. mall WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at f day, .....hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work ... (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS 13 BIRTHPLACE At piace In the OF MOTHER (State or country of death ..... yrs. ..... mos. .... .... ds. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURNAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKE ADDRESS Filed 21 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. 8. No.

/	relace of DEATH 189  County Balto  Village or City Moneel Park	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hearital or institution
	FULL NAME Enna	Brace give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemal Theto Single, Married, Mellied	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h. ex alive on furly 6 191
	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, protession, or formal particular kind of work	Chreer of Rectum
	(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Tyrs. C mas ds.
on back of certificate.	9 BIRTHPLACE (State or country) Maryland	Gentributory (Secondary) (Duration) Sus mos. (S.
	10 NAME OF Jack Jones	(Signed) Lev Michael M. D.
	2 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER WAR WARNER (State or country) Wary Carch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place In the
See Instructions	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Charles A Cha	of death
Important.	(Address) Monell Park	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
lm.	Filed Jam 18, 191 4 7. Hegistran	20 INDERTAKER Lerbed Balts Haven
	If more blanks are needed, address State Registrar	1 10 1 720

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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RECORD PERMANENT INK-THIS UNFADING

SICIANS should OCCUPATION IS PHYSICIANS EXACTLY. classified. may 9 50 back terms, piain instructions 5 of Inform item OF mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in St.: Ward) a hospital or Institution, give Its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH SSEX ARRIED OWED; DIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER yrs. mos. ds. State yrs. mos. ds. (State or country Where was disease contracted. It not at place of death?..... usual residence. 20 UNBURTARED

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

County Balliume	CERTIFICATE OF DEATH
Village or City hear Barriey (No. 10)	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
G DATE OF BIRTH  (Month)  (Day)  (Tear)	that I last saw h alive on
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	One to Premalure bird brung one of Terris  (Doration) yrs. mos. ds.
10 NAME OF FATHER (June 1) Bruine  11 BIRTHPLACE (State or country) Belle Co	(Signed) (Secondary) (Duration) yrs mcs ds.  (Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted, If not at place of death?
(Informant) 36 Parama (Address) Barry  15 Filed Jany 3, 1914 N. M. Skade REGISTRAR	Former or usual residence  19 place of Burial or REMOVAL  Purey Grovs  20 undertaker  Address
If more blanks are needed, address State Registrar	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of tungs; meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of. "Contributory." "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: E



02 7

PLACE OF DEATH	CERTIFICATE OF DEATH
Gounty Dalto	70
VIIIage or City Luthorillo (No.	Registered No.  [It death occurred in a hospital or institution give its NAME instead of street and number.]
2 FULL NAME Hayfred Bryan	uh
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH  Amount 22, 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	Lep. 14 , 1914, to Care: ZZ , 1914, that last saw him allve on Jan Z/ , 1914
7 AGE   It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) — yrs. 5 mos. — ds.
10 NAME OF FATHER South Recov	(Signed) (Ouration) yrs — mos Z Z ds.
The state of country of the state of Mother of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) U. C.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
(Interment) Amis E. Brank	It not at place of death?  Former or usual residence
(Address) Lutherville My,  15 Filed 1/23, 191 of Claus Smurt, by 19 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pare 20 UNDERTAKER  120 UNDERTAKER  120 . Holland 5/7 Robert St.
more blanks are needed, address State Registrar, 6 E	

109

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Sbock," "Uraemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atropby," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ample: *Measles* (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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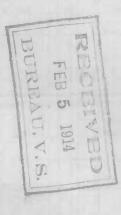
1	PLACE OF DEATH	STATE OF MARYLAND
	unty Ballimore	CERTIFICATE OF DEATH
Co	untyv.v.c.v.v.	Posistantian Diet No. 43
	Tato In	Registration Dist, No.
VII	lage or City Inlleston and Dulleston	beight aver Ward [If death occurred in
		a hospital or institution, give its NAME instead
	manatha (1	of street and number.]
	FULL NAME Margarema (	ymme
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, 41	16 DATE OF DEATH
1	a C. I. L. WIDDWED M.	(Month) (Day (Year)
1	Emale Mile (Write the word)	17 / M HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Sept 1913, to lan 13, 1914
	7 25 , 1835	(h) (h)
7 A	(Month) (Day (Year)	
- A	and a day bee	and that death occurred on the date stated above, at 8 30 Q, m,
	88 yrs. 5 mos. // ds. OR. min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	
	Trade, profession, or flowing the angle many	Infermely of old age
	General nature of Industry,	
bus	chess, or establishment in the work of the employed (or amployer)	(Duration)yrsmosds.
	IRTHPLACE 9	Contributory
	(State or country)	Secondary
	10 NAME OF	(Dotation) yrs mos ds.
	FATHER (MINIMUM)	(Signed) , M. D.
IS	11 BIRTHPLACE	Jan 14, 1914 (Address) 300 High Marsh
Z	OF FATHER (State or country) Onnake	
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEST CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	OF MOTHER Manganetha millon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country) Sandhe	of death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) M/SD /, Ochevermann	Former or
	(IIIIII IIIIII) adife paradis di disconsissioni di	usual residence
	(Address) tasklerlan (Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 - 10, 711 -	Jointy Cerutery pan 16th, 1914
FII	ed Jan 13 191 4. Ar. to Caylow	20 UNDERTAKER ADDRESS
	REGISTRAR	Trader of Joas chustaller & byllotien 2408
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Consus and American Public Health
Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For "Foreman," (°)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

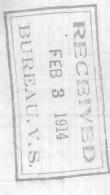
12	CE OF DEATH	194	C		STATE OF MA	
County	ucomo.		6	rati	Registration Di	215
Village or G	ty Hoffma	nville (N	Bul	l.	St.; Ward	[If death occurred in a hospital or Institution, give its NAME tostead of street and number.]
PERSO	ONAL AND STATISTI	CAL PARTICULA	RS	ME	DIGAL GERTIFICATE OF	FDEATH
3 sex Yem ale	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the wor	a) Widou	16 DATE OF DEATH	(Month)	(Day) (Year)
6 DATE OF BIR	Sept. (Month)	27 (Day)	, 1538 (Year)	Jan. 14- that I last saw h_e	, 1914, to Ja	16 , 1914,
7 AGE	75 yrs. 5	mos, <u>20</u> ds.	If LESS than  1 day,hrs.  ORmin.?	The CAUSE OF DE	ATH* was as follows:	above, at 6. 40 P.m.
(a) Frade, professio particular kind of w (b) General nature business, or estab which employed (or BIRTHPLACE (State or count	work	Wifs e Eoun	ty	Gontributory	bardiac ;	yrs mos 2 ds. Failuri. yrs mos 1 ds.
10 NAME OF FATHER  11 BIRTHPI OF FAT (State or 12 MAIDEN OF MOT	NAME THER MANGE	In bull wore Con y Bor	ough	*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or	4. (Address) Jen 5. (Address) Jen 6. (Ad	Reck R-R.2  n deaths from Violent (2) whether Acciden-
OF MOTI (State or o	S TRUE TO THE BES	land tof My Knowl . Allan	EDGE'	Af place of deathyrs Where was disease contrit not at place of death?_ Former or	acted, '	yrs, ds.
(Address)	18,1914 Josep		em. REGISTRAR	19 PLACE OF BURIA	Trabert ?	DATE OF BURIAL  BLASS 19 4  ADDRESS Predend Ind
0	If more blanks are	needed, address i	State Registra	, 6 E. Franklin St., I	Salto., Requesting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc... Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association. cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. "Contributory." which surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio zer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report Examples: FOT VIO-



No.

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N. B.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. certificate. See Instructions on back of Every item of information should be CAUSE OF DEATH in pigin terms, so DEATH in plain terms, Important.

1 PLACE OF DEATH County Balts.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

MEDICAL CERTIFICATE OF DEATH

.4	-4
41	- 8
7	6

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

²FULL NAME	Stil	0 13	inth
TOLL HAME.	***************************************		

		V	
16 DATE OF DEATH	Jan	~3	, 191\$
***************************************	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That	I attended d	eceased from
on family,	91 4 to	***********************	191
that I last saw h	ive on		, 191
and that death occurred	on the data states	d about at	
The CAUSE OF DEATH*	V	d above, at	
THE CAUSE OF DEATH	Was as lollows:		
		*************	
Trem			-
1'rru	auce	- / 02	m.
3rd mo mise	my ( English	vre	.mosds.
	/ bulation)	J1 # +	
Secondary	unter	www	
	(Duration)	WPo	mosds.
(Signed) The			
(Signed)	designation of the same of the same of the same of	Clares	, M. D.
Jan 3. , 191 4 (	Address) 83	9 5. 8	llurg
*State the DISEASE CAUSES, state (1) MEATAL, SUICIDAL, or HOMI	NS OF INJURY; a	(2)	ther ACCIDEN-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS	CE (FOR HOSPITALS	B. INSTITUTION	S, TRANSIENTS,
At place	In the		
of death yrs mos.	ds. State	yrs,	mos ds
Where was disease contracted, If not at piace of death?			
Former or		***************************************	* * * * * * * * * * * * * * * * * * *
total rapidance			

7 AGE  3 rd 2100 9 ESK, it LESS 1 day,	(Month) (Day (Year)  (Month) (Day (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (Notation of the permitted of				Write the wo	
(Month) (Day (Yea 3 nd Month) (Day (No 1) nd	(Month) (Day (Year)  AGE 3rd 2no 988   It LESS than 1 day,hrs.  OCCUPATION (a) Trade, profession, or particular kind of work. b) General nature of industry, usiness, or establishment in rhich employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Welliame Burgane (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER Ada Lucium  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE (State or country)	DI	ATE OF BIRTH	2	\$	0.00
TAGE  3 rd 200. 9 EST 1 day	AGE  3 rd 200.9 ESX, It LESS than 1 day,hrs.  OCCUPATION (a) Trade, profession, or conticular kind of work  b) General nature of Industry, usiness, or establishment in rhich employed (or smpioyer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER Ada Lucium  14 BIRTHPLACE OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)		*******	(Month)	***************************************	
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Williams Burge of FATHER (State or country)	OCCUPATION (a) Trade, profession, or particular kind of work.  b) General nature of industry, usiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Welliame Burgan OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Ada Lucium  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	AC	GE .5			1
COCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PEIRTHPLACE (State or country)  10 NAME OF FATHER Williams Burge OF FATHER (State or country)	occupation (a) Trade, profession, or particular kind of work b) General nature of industry, usiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 BIRTHPLACE OF MOTHER (State or country)		_		1201.	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER Williams Burgary  11 BIRTHPLACE OF FATHER (State or country)	(a) Trade, profession, or particular kind of work.  b) General nature of industry, usiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER Ada Lucium  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)		g	yrs	mosds.	ORmin. ?
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or smpioyer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Car	particular kind of work b) General nature of industry, usiness, or establishment in which employed (or smployer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 Country  17 BIRTHPLACE OF MOTHER (State or country)					
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PERSONAL AND STATISTICAL PARTICULARS

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Scrrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Colton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherla (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL perilonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for mang-The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BURWAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

PLACE OF DEATH 196	STATE OF MARYLAND 39 CERTIFICATE OF DEATH
Gounty Ballimore	Registered No
* FULL NAME Andrew Burk	St; Ward)  [It death occurred to a hospital or institution give its NAME Instead et street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed, Married Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw him allve on fam 1914
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 8,460, m.  The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (a) and professions.	Clot at have flerain mos. 7 ds.
which employed (or employer)  BIRTHPLACE (State or country)  Fernishourica	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Coural Burk	(Signed) John S. Steer, N. D. Jan 2, 1914 (Address) Stillings
OF MOTHER Anna M. Condus	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted,
Interment) and yet Co Bush	If not at place of death?  Former or  usual residence
Filed flan 3, 1914 L. J. Payne Mg	Sterlier Balto . Cot. Ind Jan. 45. 1914.  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registral	F, 6 E. Franklin St., Balton Requesting V. 8 No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs,). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the diberable causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Condorospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc.. Carciniosis

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "PUTEPTEAL schichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measics (disease causing death), 29 may be stated under the head of (Recommendations on statement of \_ (name origin: "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU VIS.

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Village or City Geen of No. 70.  2 FULL NAME TOOMS.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  ACOLOR OR RACE  MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)  B DATE OF BIRTH  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1913, to Love 31, 1913  that I last saw him alive on Leve 31, 1913
76 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 4 A.m., The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory (Secondary)
10 NAME OF JAMES TO BUTTON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Informant) James A. Burton (Address) Opper Halla Hd.  15 Filed Halla J. J. F. 44 orsuch	it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  APDRESS  APDRESS
A more blanks are needed, address State Registrar, 6	Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional ilne is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenla," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples:



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1 PLACE OF DEATH

198

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

St.;.... ....Ward) [It death occurred In a hospital or institution, give Its NAME Instead of street and number.]

16 DATE OF DEA			OF DEATH	
16 DATE OF DEA	TH	Janis (Month)	8 (Day	, 191#
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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### V. S. No. 1.

N. B.

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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in moortant. See instructions on back of certificate.
M	very Item

Baltimore STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltimore	104
Village or City St agres Now	zital

Registration Dist, No.

..St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME aricola Lee Ca	rkenter give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Married,  White Sport word)  Married  Warried	16 DATE OF DEATH 25, 1914 (Month) (Day (Year)
6 DATE OF BIRTH  May  (Myhth)  (Day  (Yedr)  7 AGE  It LESS than 1 day, hrs. 0R min.?	that I last saw hamalive on form 25, 1914, and that death occurred on the date stated above, at 3, 30 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Cleatrical Signal Repairmant (b) General nature of Industry, business, or establishment in which employed (or employer)	Part Junitameal alners  Partametro (gunnal)  Operation 36 live (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN OF MODELLE OF MODELLE OF MOTHER  OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Suration) yrs mos ds.  (Signed) (Address Bayma / M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
of Mother one Tusky  13 BIRTHPLACE OF MOTHER (State or country) Masalus  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mave A Caspulor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
(Address) Molatimule  15  Filed. Jens 25, 1914 Grow Lima A.  Pregistran  If more blanks are needed, address State Registran	Journal Jane 25, 1914  Soundertaker  William W Shriver  19 PLACE OF BURIAL  Jane 25, 1914  ADDRESS  316 Strumantane  Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b). cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cantheuia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis "Contributory." mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mis," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," ctc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "ilcart failure," "Haemorrhage," "inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



No. 1.

V. S.

ż

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

le St.

Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OLOWORCED (Write the word)	18' DATE OF DEATH  (Month)  (Day  (Year)
Nov 8 ,1835	that I last saw her alive on and 1/1/21/4.
7 AGE (Month) (Day (Year)  1 day,hrs. ORmin.?	and that death occurred on the date stated above, st
© OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry.	mund regure dateon,
business, or establishment in which employed (or employer)	Contributory Caroliae astrua
(State or country)  ONAME OF FATHER  OF FATHER  (State or country)  OF State or country)  OF MOTHER  OF MOTHER  ULLA.	(Signed) (Duration) yrs mos ds.  (Signed) Wayfall B.Wrst. M. D.  A. 12, 1914. (Address) Calouvulle Mos  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother U.M.  13 BIRTHPLACE OF MOTHER (State or country)  U.M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the ot death
(Informant) The Eugene Mr Knowledge	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Catourrelle hist,  16 Filed Jan 12, 1914 Waishall Blood- REGISTRAR	Jaledon Ph, Jan 14, 1914.  20 UNDERTAKER  DE JICHU & SOUS N QUE

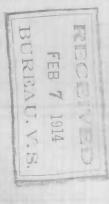
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thns: should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carein-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned which snrgical operation was nndertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convalsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) canse of death approved by Committee on Nomenclasepsis, tetanus) may be stated nnder the heartif injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease cansing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhanstion," State canse for Never report



V. S. No. 1.

N. B.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

,	201	
	PLACE OF DEATH	STATE OF MARYLAND
	unty Baltimore	CERTIFICATE OF DEATH
Co	unty Cucario	Registration Dist. No. 32
	10. 20 T II	A A Registration Dist, No.
Vil	lage or City W. arling lon Norvel	and Avest, Ward) [If death occurred to a hospital or Institution,
	$\wedge$	give Its NAME Instead
	2 FULL NAME Curanstino	B. Chandron of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5		16 DATE OF DEATH
Vo	MARRIEO, MANUE	Jan., 191
7-	Unite White (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	Jan. 7 1914 to Jan, 14 1914
	Nec. 3, 1868	
7 A	(Month) (Day (Year)	that I last saw h. Walive on Jan 4 1914
' A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10 m,
	7 yrs mos or or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Caenic Maenic
	Trade, profession, or I obuse linfe	ama with acute pulmondy
	General nature of Industry,	Congestion.
wh	iness, or establishment in ich employer)	(Duration) yrs. mos 8 ds.
	IRTHPLACE (State or country)	Contributory Secondari
	Travel	nephritis (Durathon eralyrs mos ds.
	10 NAME OF / 72	The Pakas
	Maust Gena	(Signed)
TE	11 BIRTHPLACE OF FATHER	, 191 (Address) Wyle Y Tark NIS. Wes
ARENTS	(State or country) France	*State the DISEASE CAUSING NEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
AF	12 MAIDEN NAME ROSalie Jacksal	
114	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds
14.	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	lot - (hand) -	If not at place of death?————————————————————————————————————
	(Informant)	usual residence.
	(Address) Seveland avt.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	2 / 3. 111 10 1. 100	Greenmount Cem. Jan. 16, 1914
FI	ed Mch 31, 1914 W. a. Wells	20 UNDERTAKER, ADDRESS
	REGISTRAR	J. y. trause 4703 Hanover
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St Relto Dognosting V C No. 1

saito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-(b) Cotton mill; (a) Salesman,

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oma, Sarcona, etc., of ...... (name origin; "Canaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate received on first form

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH CAPATION IS County..... Registered No. PHYSICIANS lif death occurred in a hospital or Institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT 16 DATE OF DEAT BELNGLE. 4 COLOR OR RACE MARRIEO. MIDOWED\_ (Write the word) EBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at pinous 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of industry. supplied. pe business, or establishment in 4 mos may which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country = that 10 NAME OF FATHER (Signed) 80 0 back 11 BIRTHPLACE terms, should AREN \*State the DISEASE CAUSING DEATH, or, in deaths from (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL pisin OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE \_ At place In the OF MOTHER of Inform DEATH (State or country of death Stale yrs mos. ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE See If not at place of death? Former or Item OF usual residence Every item CAUSE OF Important. Southern ave DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6/E. Branklin St. Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—in all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the odly defidite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumodia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. Every item of information should be carefully supplied. AGE should be a CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

S. No. 1.

N. B.-

1	PLACE	OF	DEATH	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Coto	mulle a	Harr	ustarion
	Rachel 1		1

203

.....St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME	4
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex de	16 DATE OF DEATH (Au 26 , 1914 (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	_ anh llub, lluh	
7,A	(Month) (Day (Year)	that I last saw h alive on
01.	GE If LESS than 1 day,hrs.	and that death occurred on the date stated shove, atm
MA	yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION ) Trade, profession, or	and had the
	rticular kind of work Leausters	The real of the 2 splips
(b)	General nature of Industry,	Jama geor
Wh	iness, or establishment in ich employed (or ampioyar)	(Duration) yrs mos ds
		Contributory all asl
	(State or country) aune annual Co	Secondary
	10 NAME OF FATHER WILL	(Signed) Prederich L. Jakoudorf Evenus, M. D
NTS	11 BIRTHPLACE OF FATHER (State or country)	Jan 26, 1914 (Address) Lutourine mil.
PARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	1, un 1, vol. i.	If not at place of death?
	(Informant) Water	usual residence
	(Address). Hatelhiof Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1- 00 1.71	mor 00 tellaws few 27, 1914
FII	ed 24 1914 Marsfall 13 WAF REGISTRAR	20 UNDERTAKER Pye Catornelle

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman," cngineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection necd not be stated unless important. by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



PLACE OF DEATH 204	STATE OF MARYLAND
County Balternore	CERTIFICATE OF DEATH Registered No.
VIIIage or City Townson Wis (No. 1)  2 FULL NAME Carely J. Ove	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferale Whits Single, Married, Wisoweo, Orolvorceo (Write the word)	Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  24., 1914, to Jan 27., 1914,
(Month) (Day) (Year)	that I last saw here alive on Dan 26 , 1914.
FAGE  Socupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  Perfect or country)  It amanages to be a second or particular kind of work.  Or establishment in the which employed (or employer)  Perfect or country)  It amanages to be a second or country or	and that death occurred on the date stated above, at 3.30.0 cm.  The CAUSE OF DEATH* was as follows:  Carelial Ferminal  (Buration) yrs. mos. 3 ds.  Conthibutor Chirco Ichroseo allay  (Secondary)  (Buration) / yrs. mos. ds.  (Signed) / yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COLLEGE CELLERY ADDRESS
Filed, 191 REGISTRAR  If more blanks are needed, address State Registrar, & E	Loty Burns Sores Jousous upd

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar ineumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossia of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin oma. Sarcoma. etc., of ... The contributory Always qualify aii diseases resuiting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



P . PHYSICIANS shoul RECORD PERMANENT properly UNFADING Ilddus certificate. of back plain See instructions 2 DEATH WRITE 0 OF Important. Every It 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last ssw h ham alive on Will (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory..... Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS (Address) 19 ov Mundo OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs, ..... mos, ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?-Former or (informant) usual residence 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases, resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Williams (No. 2001) 2 FULL NAME Williams (D.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hall White of BIRTH august 22 1865	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEKEBY CERTIFY, That I attended deceased from  (Day)  (Year)  (Year)  (Year)
(Month) (Day) (Year)   AGE	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. 5 ds.  Contributory Cold (Secondary)  (Duration) yrs. mos./D ds.
10 NAME OF FATHER Davil Collections  11 BIRTHPLACE OF FATHER (State or country) Collections  12 Maiden NAME OF Collections  13 BIRTHPLACE OF MOTHER (State or country) Collections  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  **Tal, Suicidal, or Homicidal.**  **Tal, Suicidal, or Homicidal, or Homicid
(Interment) David Cacereng 6  (Address) Augustus Albertaine  6 Filed Jan 7, 1914 AMM Bynaon REGISTRAR	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ALLE ATE OF BURIAL  20 INDERTAKER  ADDRESS  JOHNSON -
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at heginning of lilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Feneman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second It should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

chlidbirth or miscarriage, as "l'urapperal schichae-"Hart fallure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIPAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Coliapse." "Coma," "Convuitions," "Debility" ("Conthonla," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medicai Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Candeath), 29 da. Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCOUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Come Balls	CERTIFICATE OF DEATH
County	Registered No. 33
177	nt 1
Village or City Perstann (No	(Mard) [If death occurred in a hospital or institution,
	give Its NAME lostead
FILL NAME Clicabetto los	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED, Wichow	(Month) (Day) (Year)
Fiemall Whele (Write the word)	17   HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Jany 3, 1914 to Jany 4, 1914
June 19, 1837	that I last saw her alive on Derfy 4 1914
(Month) (Day) (Year)	
TAGE If LESS than 1 gayhrs.	and that death occurred on the date stated above, atm,
16 yrs 6 mos 20 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Central Hessinhery
(a) Trade, profession, or	
particular kind of work.  (b) General nature of industry,	***************************************
business, or establishment in	(Ouration) yrs. mos 3 ds.
which employed (or employer)	Contributory
(State or country)	(Secondary)
(State or country) Bello, co, Ind	
10 NAME OF FATHER	(Signed) Traclada M. D.
of 11 DIETHELACE David Combey	Jary 3, 191 4 (Address) Rustinton 12
State or country) England	
w (state or country) (on gland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
2 12 MAIDEN NAME OF MOTHER	
1 (Minowen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Ai place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds.  Where was disease contracted,
	If not at place of death?
(Informant) Have arbaugh	Former or usual residence
destustan no	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) — Leave Company	
16 Jans 5 1 Horn Dlust	resolution by & fam 6 1913
Filed 1914	M To derney ADDRESS
REGISTRAR	of to blive Kerstunkon
if more blanks are needed, address State Registra	r, & F. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemald, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. niaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewijc, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," 9

Statement of cause of death—Name, first, the disease causing practice of death—Name, first, the disease causing primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

mia," "l'UERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichacmus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senlie." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent: Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin : "Can-State cause for Examples:



V. S. No. 1.

Viii	iage or City Jardenville No. MA	CERTIFICATE OF DEATH  Registration Dist, No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Exale Wite Single, Married WIDOWED, Married ORDIVORCED (Write the word)	(Month) (Day (Yen
6 D/	ATE OF BIRTH // 29 , 1873	that I last saw her alive on Jan 25, 191
7 A C	(Month) (Day (Year)  GE If LESS than 1 day, hrs.  7 ds 7 ds min.?	and that death occurred on the date stated above, at 7 45 P.  The CAUSE OF DEATH* was as follows:
(a) par	OCCUPATION OF Trade, profession, or Housewife ricular kind of work.	Cisute Dilitation of Heart Characters of Lyberfanites
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs mos 6
9	RTHRIACE	Contributory Right Lology &
9 BI	10 NAME OF FATHER GEV W Authouse	Contributory Raght Lotar Smunns Secondary  (Duration) yrs mos 6  (Signed) Carman , N
ARENTS 18 6	10 NAME OF	(Signed) (Duration) yrs mos. 6 (Signed) (Address) / Of N Caroling *State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accir
PARENTS	10 NAME OF FATHER GLO TO Authouse  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	(Signed)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accir TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OF RECENT RESIDENTS)  At place In the of death
PARENTS	10 NAME OF FATHER JED TO Authouse  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER October Warner  13 BIRTHPLACE	(Signed) (Duration) yrs mos (Signed) (Signed) (Address) / A Carolini *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accir Tal, Suicidal, or Homicidal.  18 Length of Residents (For Hospitals, Institutions, Transier or Recent Residents) At place In the

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measics (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cau-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," totanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



PERMANENT EXACTLY. AGE Z supplied. be ADING may UNF that Careful 80 terms, pinous plain Information 'n DEATH WRITE of Item CAUSE OF

certificate.

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Instructions

mportant.

PHYSICIANS should state of OCCUPATION Is very

RECORD

OCCUPATION

209 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ..Ward) a hospital or institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, offinercen (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day hrs. OR ..... min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15 29-UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (%)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 4 1914 BUREAU. V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

7	PLACE OF DEATH	210	11	STATE OF MARY	YLAND
/	Beltanna	V	CI	ERTIFICATE OF	DEATH
County	Lammore	5	14	Postokentine Diet	1. B.S-
	001		11/	Registration Dist.	No. C.
Village	or City Oar Plo	/(No,		St.;Ward)	[if death occurred in a hospital or institution,
	011	11	6	1	give its NAME instead
	FULL NAME	Man 7	repley &	Logeer	of street and number.]
	PERSONAL AND STATISTICA	AL PARTICULARS	V MEI	DICAL CERTIFICATE OF	DEATH
3 SEX	lale with	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		(Month)	(Day (Year)
6 DATE	OF BIRTH	0.0	uh	191.3 to De	L 3/- 1913.
	(Month)	(Day (Year)	T tat I last saw h.	allve on LOLO	3/ 1913
TAGE		It LESS tha		rred on the date stated a	bove, atm,
	8 4 yrs 6 m	osds, ORmin,?	I III CAUSE OF DE	ATH* was as follows:	
8 occu		A SAME TO SAME			
	B, profession, or fark	en too outin	1	vruae '	11/089
(b) Gene	ral nature of industry.			0.0000000000000000000000000000000000000	
business, which am	or establishment in iployed (or employer)			(Duration)	yrs omos ds.
-	PLACE te or country) Mary	land.	Contributory		######################################
10	NAME OF			(Doration)	yrsds.
	FATHER Jeas ()	booker	(Signed)	11-12	, N. D.
	BIRTHPLACE ALL	0		(Address) Cas	Man my
M	OF FATHER (State or country)	mand	*State the Dise	CASE CAUSING DEATH, or, in MEANS OF INJURY; and HOMICIDAL,	n deaths from VIOLENT
PARE 121	MAIDEN NAME OF MOTHER	t (know		HOMICIDAL.	
13	BIRTHPLACE OF MOTHER (State or country)	200	At place of death yrs,	In the	
	(1/1/2)	OF MY KNOWLEDGE A	Where was disease conti	racted,	yrs, ds
	Men ant	St.	Oun . Former or	22000======000000000000000000000000000	
(Inform	nant)	monde	usual residence	**	
	(Address) Orrellou	Harykam	PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
16	6 - 1	11/00	Middles	our Com	lamed, 1814
Filed	an D 191/4/00	Who Sidacism	C OUNDERTAKER	3.11.	ADDRESS
0	C/ hts	REGISTRAR	de Noy 1	Tiffler 1	arkton
(	If more blank are	re needed address State Re	gistrar, 6 E. Franklin St.	, Buitt., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. B. No. 1.

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county Daltmin	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Dovums (No. L'Engl	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17 O I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Culy 27, 1839  (Month) (Day) (Year)	Jan 13 1914, to Jan 13 1914, that I last saw have allve on Jan 13 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, pretession, or particular kind of work  (b) Seneral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / ds.
State or country)    10 NAME OF	(Secondary) (Duration) yrsmosds.
11 BIRTHPLACE OF FATHER (State or country) Island.  12 MAIDEN NAME MAY Castulo	(Signed) C. M. D.  Jan 14 , 1914 (Address) Gorans M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the control of the control o
(Informant) Mary E. Milling.  (Address) Contrast, Isourus.	Where was disease contracted, It not at place of death?  Former or usual residence
Filed auff, 1914 M J. Nortes	20 UNDERTAKER TOWN ADDRESS STEEMONT
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Bald., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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FEB 4 1914
BURMAU. V.S.

BINDING a ARGIN

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT properly AGI supplied. pe UNFADING may certificate. carefully that 80 10 back terms, should L o plain instructions Information 드 DEATH See 0 OF mportant. Every its

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occurred in St: .Ward a hospital or Institution. give its NAME instead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIOOWEO, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE . 191 L. (Address) ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death ..... yrs. ..... mos. .... State ...... yrs, ..... mos, ..... ds. Where was disease confracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL (Address) -----15 ADDRESS REGISTRAR

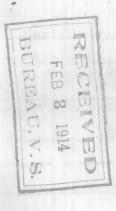
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Exact properly pe may Jo

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS should state of OCCUPATION IS very CERTIFICATE OF DEATH Dallemon Registration Dist, No. Mt Hope Retrict (NO. Ilf death occurred in ...Ward) a hospital or institution. give its NAME instead of street and number. 1 unughan PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED, Willow (Mouth) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH recember that I last saw h. LA. alive on Men (Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, at .... 1 day ......hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or House particular kind of work.... (b) General nature of industry. business, or establishment in vrs. e mos. e ds. which employed (or employer) ..... carefully support that it may be certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 5 terms, n back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME DEATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) of death 2 yrs. o mos. Cds. State 3 yrs 0 mas 0 Where was disease contracted. Ballimon See Baltumor OF Important. usual residence. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hagerslow, 15 20 UNDERTAKER nause ADDRESS m REGISTRAR Ballo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated upless important. oma, Sarcoma, etc., of.... ture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) .... (name origin; "Can-"Exhaustion,"



-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1. N. B.

PLACE OF DEATH  County Balls	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Phyhlaudtown (No. 1905)  *FULL NAME Clara L. Co.	Selection St.; Ward)  [if death occurred to a hospital or institution, give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Hate Single, Married, Widowed, Windowed, Windowed, Windowed, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY—That I attended deceased from
Month) (Day) (Year)	that I last saw har allyo on Dan of 1914
7 AGE (Month) (Day) (Year)  1 day,hrs.  ORmin. ?	and that death occurred on the date stated above, at 1 Pm, The CAUSE OF DEATH* was as follows:
e occupation (e) Frade, profession, or Abuse would particular kind of work	Ex haurtin
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  BURGA HOUSE	Contributory (Secondary)  (Quraffon) X yrs X mos ds.  (Secondary)
10 NAME OF Samuel Bowden	(Signed) San Suration yrs X mes. Y ds.  (Signed) San Suration M. D.  (August 1914 (Address) Suration Suration yrs X mes. Y ds.
OF FATHER (State or country) At Known  W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Would Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place the of death yrs, mos, ds,
informant) TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at-place of death?  Former or usual residence
Address) 1228 Christian St.  Filod AM 5 194 C.M. Edward REGISTRAR	19 BLACE OF PURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Registrat	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. E. No. 1.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

915	and the second s
/ PLACE OF DEATH 215	STATE OF MARYLAND
Ball	CERTIFICATE OF DEATH
County Country	Registered No. 74
Village or City Butter (No. 1)	St.; Ward)  [It death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
FULL NAME COGAFOR	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  Jemale  **COLOR OR RACE  **MARRIED,  **WOOWED,  ORDIVORCEO  O	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH 10 mm 1820	Jane 1913, to Jan 25, 1914,
(Month) (Day) (Year)	that I last saw h.c. alive on fam 25, 1914
7 AGE  8 5 yrs. 3 mos. ds.   If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) Beneral nature of Industry, business, or establishment in which employed (or employer)  Perturbace (State or country) Parktin Balto Co	Chronic Interest of Syrs
11 BIRTHPLACE (State or country)  M 12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
of MOTHER MANNY  13 BIRTHPLACE OF MOTHER (State or country) MANNY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Intermant) Line Cuts	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Glynolm Ma  15 Filed Jan 29, 1914 Thumse Mb Hell Dek Harcal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  PALLS Revad Phops Jan 90., 191.4.  20 UNDERTAKER  Non & Brenks Hoarks
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. childbirth or miscarriage, as "Pursperal septichacaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Purpreal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Examples:



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PHYSICIANS

RECORD

216 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registration Dist, No Ilt death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. 194 WIDDWED, (Year) Month) (Write the word) I HEREBY CERTIFY. TH attended deceased from DATE OF BIRTH that I last (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) .--15 ..... 1914 20 UNDERTAKER ADDRESS Filed.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilt death occurred in a hospital or institution, give Its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, Single 16 DATE OF DEATH WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in **Duration**) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary Dallo. Co. (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ Where was disease contracted. If not at place of death? Former or usual residence. BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1014 BURBAUTS.

state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 D properly supplied. pe UNFADING may certificate. Jo WITH terms, should UO plain instructions Information 5 DEATH See 50 Item OF Every item CAUSE OF Important. 8

#### 1 PLACE OF DEATH STATE OF MARYLAND Yery CERTIFICATE OF DEATH County-Registration Dist. No. I'll death occurred in Ward) a hospital or institutioe, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) SBIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) back 11 BIRTHPLACE . 191 4 (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_ yrs.\_\_ ds. Where was disease contracted. OF KNOWLEDGE It not at place of death? Former or usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: causing nearth, state occupation at beginning of illbeen changed or given up on account of the nisease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accichildbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, The nature of the State cause for Never report For vio-



	910	
	1 PLACE OF DEATH	STATE OF MARYLAND
-	unty Baltimore	CERTIFICATE OF DEATH
Co		Registered No. 38
Vi	Mage or City Lock Laver (No.	St; Ward) [If death occurred a hospital or institution
	2 FULL NAME Mary Augus	De Combes.  give its NAME instruction of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH GAMM, (Month) (Day) (Year)
6 D	TE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
	1849	
	(Month) (Day) (Year)	that I last saw h. 4 alive on any
7 A G	E If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1:30, 12
	5 yrs. mos, ds. ORmin.?	The CAUSE OF DEATH * was as follows:
800	CUPATION	
	Trade, profession, or licular kind of work	12 seghto Alasteans
(b)	General nature of Industry,	
	ness, or establishment in the mployed (or employer)	(Duration) Scienal yrs. mos.
_	RTHPLACE ate or country	Contributory (Secondary)
(8)	ate or country England	
	10 NAME OF John Flynn	(Signed) 2/ 1 H asssou , M
IS	11 BIRTHPLACE	, 191 (Address) Look Ravin
RENT	OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
	OF MOTHER (State or country )	of death yrs mos ds. State yrs mos
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
	Informant, Frankeh e- Combs	Former or
1	JANOT WE MY	usual residence
	(Address) 10/11 Fayere Que	19 RLICE OF BURIAL OF REMOVAL DATE OF BURIAL
15	not it.	Trestern Kremeter How 191
File	ad Jan 16, 191 & land Jump (2)	20 UNDERTAKER ADDRESS
	REGISTRAR	Marin take & Sous 80 6 Tofall
	of more blanks are needed, address State Registrar, 6 l	E. Franklin St., Balto., Requesting V. S. No. 1.
	<u>X</u>	

[Approved by L. S. Census and American Public Health Association.]

ness. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cbildbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resuiting "Senile," etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Examples: cause for For viofrom



V. S. No. 1.

0	PHYSICIANS should state of OCCUPATION is very	/co	1 PLAG	altin	(No	1003
RECORD	PHYSICIA of OCCU	ph .	²FUI	L NAME	Carge	_ \]
ENT	#	3 5	PERSO	ACOLOR OR RACE	5 SINGLE,	ARS
A PERMANENT	ited EXACTLY.  Exact statement	170	Tale	White	WIDOWED, A ORDIVORCED (Write the WO	
A PE	04	. D	ATE OF BIRT	Jun	e 14	, 1856
S	AGE should be stated EXACTLY. properly classified. Exact statemen	7 A	GE (	(Month)	(Day	(Year)  If LESS than 1 day,hrs. ORmin.?
UNFADING INK-THIS	8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME					
UNF	carefully su that it m certificate.	_	10 NAME OF	/ Jov	man	7
WITH	terms, so	STNI	11 BIRTHPL OF FATH (State of	ACE IER Country)	man	us C
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PLA	In uct		13 BIRTHPLA OF MOTH (State of	ACE IER country	mun	ny
WRITE	T SOON THE BEST OF MY KNOWLEDGE				erlein	
	Every Item CAUSE OF Important.	15	(Address)	003 F.	Second y	1 St
2		Fli	ed taw	7,1914//	0./// 4	REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [If death occurred in a hospital or institution, give its NAME Instead

of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	(Month)	/3	, 1914
17 I HERERY	CERTIFY, That		
//	914, to 100		. /
The Visit of the second of the	11., 10		, 191.,7
that I last saw haral	ve on Jan	_ /2-	, 191
and that death occurred o	n the date state	d above at	155am
The CAUSE OF DEATH*			
			4
Mun	Caro	111	••••••••
	***************************************	and the state of t	000 00000000 0 0 0 0 0 0 0 0 0 0 0 0 0
	P8880000000000000000000000000000000000		
***************************************	(Duration)	yrsmo	ısds.
Gontributory Secondary	PM+ 00 + 0 + 0 + 0 + 0 0 0 0 0 0 0 0 0 0	# P ** * * * * * * * * * * * * * * * * *	***************
	(Duration)	yrsmo	ds
(Signed)	(Duration)	Comer	, M. D.
( )	_		
Xan 14, 1914 (1	Address) 303	3 0 2777	in relled
*State the DISEASE C CAUSES, state (1) MEA: TAL, SUICIDAL, OF HOMIC	SS OF INJURY * (	or, in deaths from and (2) whether	n VIOLENT
18 LENGTH OF RESIDEN	CE FOR HOSPITAL	S, INSTITUTIONS, T	RANSIENTS.
At place	In the		
of death yrs mos.	ds. State	yrs m	os ds
Where was disease contracted, if not at place of death?	200xxx00000000000000000000000000000000		****************
Former or usual residence	2×××××××222 <b>20</b> 0000000000000000000000000	*******************************	**************************************
19 PLACE OF BURIAL OF	REMOVAL	DATE OF BU	RIAL
Sacred &	Frank	Jan. 15	7, 191
20 UNDERTAKER		ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



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#### RECORD PERMANENT 4 be should AGE INK supplied. UNFADING carefully o be pinoda information of inform DEATH Item

STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH County Baltmy or Registration Dist. No ... Ilt death occurred in .St.;.....Ward) a hospital or Institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from classified. (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 6, 50 P, m 1 day .....hrs. The CAUSE OF DEATH\* was se follows: OR ..... min. ? properly BOCCUPATION (a) Trade, protessinn, or particular kind of work. be (b) General nature of Industry, business, or establishment In may which empinyed (or employer) State or country) (Secondary) 10 NAME OF FATHER 9 0 back 11 BIRTHPLACE plain terms, RENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME 4 OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE \_ At place OF MOTHER (State or country In the of death ... ..... yrs. ..... mos. ... State .... Where was disease contracted, It not at place of death? Former or OF usual residence Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sacred Treat Com. 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ..ealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia of ungs, meninges, peritonaeum, etc.. Carcinlossis of lungs, meninges, peritonaeum, etc.. Carcinlossis

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Assepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Examples:



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Village or City Tekesville (No. 22)  2 FULL NAME Telegabeth 2:5	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32,  [it death occurred in a hospital or lostitution, giva its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Calend Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yeaf)
6 DATE OF BIRTH  (Month) (Day) (Year)	that least saw h. M. alive on Jan 29, 1914,
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1401 m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	(Duration) yrs. mos. 8 ds.  Contributory (Secondary)  Carynalla (Duration)  One of the contributory of the
10 NAME OF FATHER Charles Donsly  11 BIRTHPLACE (STRATER (STATE OF COUNTRY) & Slave Got  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At placa in the ot death
Informant, Rockel Douly	If not at place of death?  Former or  usual residence.
Filed Jay - 5 9, 181 4 Frusy O. Warfor, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  At Charles  20 UNDERTAKER  CO. 14 Straff  Published  Publ
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

etc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purrperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras. genital," "Senile." etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. Exnant neoplasms) ; Heasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. "Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interatitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) (name origin: "Can-State cause for "Exhaustion, Examples: For vio-



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V. S. No. 1.

Gounty Cathinny	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cummu	Registered No.
Village or City Molvale (No. 2 FULL NAME Pariel Do	St.; Ward)  [If deeth occurred to a hospital or institution, give its NAME instead of etreet and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	18 DATE OF DEATH Any 73, 191 of (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Fahruary 23, 1862  (Month) (Day) (Year)	that I last saw h alive on 1919
7 AGE If LESS than 1 dey,hrs.	and that death occurred on the date stated above, at SHOOM, The CAUSE OF DEATH'S was as follows:
© OCCUPATION  (a) Trade, prefession, or particular kind of work.  (b) General nature of industry, business, or establishment in Management Advantagement of Management of	Prosing at Myrale, M. leRy - Every accidental (Duration) yes mos de-
9 BIRTHPLACE (State or country)  Manyland	(Secondary)  (Deration)  (Deration)  (Deration)  (Deration)  (Deration)  (Deration)
10 NAME OF FATHER Lacob Alvygens  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME	(Signed)  23, 191 (Address)  State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Waryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Clya CW3CV	if not at place of death?  Former or usuaj residence
(Address) 4 Washington are Circles  Filed M. 25, 1914 M. & Porler  REGISTRAR,	20 UN DERTAKER  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purepreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malty The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:



PLACE OF DEATH

No.

#### state Very CERTIFICATE OF DEATH 8 pinoda Registration Dist. No. OCCUPATION Ilf death occurred in a hospital or institution RECORD give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ENT 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE an. MARRIED, MARRIED, Molowed PERMAN (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased DATE OF BIRTH 4 (Month) (Day (Year) IS 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? mos. BOCCUPATION prop (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, business, or establishment in UNFADING **Duration** which employed (or employer) ..... certificate. Contributory Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER ō back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME PLAINLY Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) State mos/ DEATH Where was disease contracted. KNOWLEDGE See If not at place of death? 0 Former or Item OF usual residence Important, ш TE OF BURIAL Every 15 20 UNDERTAKER ADDRESS B REGISTRAR If more blanks are needed, address State Registrar 6 E. Frynklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foremau," -Coal (4)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) term for the same disease. fever (the ouly definite synouym is "Epidemic core-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhold Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereu-Diphtheria Examples: Cerebrospinal (avold use

> nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." injury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "luanitiou," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiulte; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations ou statement of (disease causing deatb), 29 ds.; "Exhaustiou," Never report For vio-



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registered No. 43.
Village or City Hamilton (No	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE MARRIED, Married WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended decessed from
Moderabe 18 1 (Month) (Day) (Year)	that last saw him alive on Jan 4 ,1917
7 AGE    11 LESS than   1 day, hrs.   or min. ?	and that death occurred on the date stated above, at 3. 6. m.  The CAUSE OF DEATH* was as follows:  Language for the cause of the cause
(a) Trade, profession, or particular kind of work Can Connection.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  anne annu del Co	(Duration) 2 yrs
10 NAME OF Scharles Dwall  11 BIRTHPLACE OF FATHER (State or country) anne anno del 60  12 Maiden NAME OF MOTHER	(Signed) (Si
of MOTHER Plorence E. Inches 13 BIRTHPLACE OF MOTHER (State or country) Nashington, D. C.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place la the of death yrs, mos, ds, State yrs, mos, ds,
(Interment) Charles Drivall, Brother	Where was disease contracted, If not at place et death?  Former or usual residence.
(Address) anne annual 60 had  Filed 200, 191 f The Character State Registran  If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR BENOVAL  DATE OF BURIAL  OF BURIA
II more plants are needed, address prate Registra	r, o m. prankin st., Baito., Eequesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Pueperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of . "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: For VIO-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shound CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County..... Registration Dist. No... I'll death occurred lo Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SMGLE, 16 DATE OF DEATH MARRIED. WID WED, (Month)/ ORDIVORCED (Write the word) (Dat (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) 181 OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE It not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the disease gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tuberculesis of lungs, meninges, perlionaeum, etc., Carcin-

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Mcastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred in ....Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. widowed, Marced
ORDIVORCED
(Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) ... which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place abl OF MOTHER (State or country) State Q yrs. Where was disease contracted, 14 THE ABOVE IS TRUE Former or usual residence. 15 20 UNDERTAKER ADDRESS Ballemon REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitiss"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association. Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City MA Ameins (Milmed 20	lio Registration Dist. No. 100 III death occurred in
FULL NAME Frederick Lee	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
nale Unite Single, Single, Marrie, Sengle or Opposer of Write the word	(Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
OATE OF BIRTH  OA 30, 1893  (Month) (Day (Year)	that I last saw h allve on January 6, 191 %.
7 AGE 20 2 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or Muchanies to all particular kind of work	Labelar Preumonia -
(b) General nature of industry, business, or establishment by which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory rephrits Lacut blathing
10 NAME OF FREDERICK / Einwaechler	(Signed) (Duration) yrs mos (ds.
11 BIRTHPLACE OF FATHER (State or country) Bultimone Much	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Cora O Ruch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frederick Ruserachler	of death yrs mos ds. State yrs mos ds  Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) MM Amaus	18 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed Jan Ce, 191 4 F. Huhl.  REGISTRAR	20) UNDERTAKER LOOK ADDRESS 103 HBalto &
If more blanks are needed, address State Regist	var, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b)applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Coutributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for Never report



PERSONAL AND STATE

OF BIRTH

OF BIRTH

OF BIRTH

W

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

²FUL	L NAME OF WE	
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male.	4 COLOR OR RACE  MARRIED, WIOWEGO, Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, that I attended deceased from
6 DATE OF BIRTH	Month) (Day (Year)	that I last saw hemalive on Jan. 6, 1914.
TAGE	72 yrs 8 mos 24ds. OR min. ?	and that death occurred on the date stated above, at 4.0, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, particular kind of wo		Maguery
(b) General nature o business, or establi which employed (or o	shment in / ruse to torong	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or cour	atry) Germany	Contributory Mirio Jelero 10  Secondary (Duration) 5 yrs mos ds.
10 NAME OF FATHER	Unknown	(Signed) Sayolin Silver, M. D.
Y 11 BIRTHPL OF FATH (State of 12 MAIDEN OF MOT		*State the Disease Causing Death, or, in deaths from Violent
Δ.	HER Unkenowh	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	country) Sermon	OR RECENT RESIDENTS) At place In the ot death yrs mos ds
(Informant)	rown Congle	Where was disease contracted, It not at place of death? Former or usual residence
(Address).	Daynesville Ind.	Stylosely Semelen Jan 8 1, 191
Filed fan. 7	1914 land June Mark Mark	Track Lassafing Sons Pulley for 119
	If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Jomen at home, who are engaged in the "Managet," "Dealer," ctc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Dad laborer, Farm laborer, Laborerstatement. material it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (2) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinners (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Never return Farmer (retired 6 yrs.) For persons "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic atid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



V. S. No. 1.

County Ballinove	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Rightandt and 720,	5 Third - St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCE (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
PLOVEMBER - 5, 1846  (Month) (Day) (Year)	that I last saw her alive on January 13, 1914
TAGE  It LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Sinhetes Miteralius uffruinge (Duration) yrs. 6 mos. ds.
On the of Seph Michigan  10 NAME OF Seph Michigan  11 NAME OF SALES OF SEPH MICHIGAN  11 NAME OF SALES OF SEPH MICHIGAN  11 NAME OF SALES	(Signed)  (Signed)  (Signed)  (Signed)  (A He A Manual Compan  (Signed)  (Si
OFFATHER (State of country) Germany  12 Maiden Name of Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, It not at place of death?
(Interment) 720 en Mart de Martin de Filed Fano 16 1914 16 M. Comorane	Former or Justial residence
REGISTRAR  If more blanks are needed, address State Regis trar, 6	Dous otherwany 39 ABro a ghow

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the dibbabase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc.. Carcinosis

"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichaegenital," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia scpsis, tctanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) "Old Age," "Shock." Aiways qualify all diseases resulting from "Senlie," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 7 1974 BURLLAU, V.S.

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state Very

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No St.: Ward)

Ilf death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	for	20	19124
	(Month)	(Day	(Year)
	CERTIFY, That	I attended de	ceased from
Jan 20, 18	14 to		, 191,
that I last saw hall	)	7.1	2
and that death occurred o	n the date stated	s above, at	0 P. m.
The CAUSE OF DEATH*	was as follows:		
	Λ	7	•
Lo	bar 1	mun	ornel
70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*************************	********************	*************
······································		yrsı	
Contributory Z	YEu	well	
Secondary	•		
	(Doration)	yrs	mosds.
(Signed) To	e form	caus	7., M. D.
(Signed) /2 fun · 22, 1914 (1	Address) 539	5.82	Duronda
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, OI	in deaths fr	om VIOLENT
18 LENGTH OF RESIDENCE	E (FOR HOSPITALS	, INSTITUTIONS,	TRANSIENTS,
OR RECENT RESIDENTS)	In the		
of death yrs mos.		yrs,	mos., ds
Where was disease contracted,			
If not at place of death?	**********************		****************
ruillei ul			

BURIAL OR REMOVAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rethrn "Laborer," If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucessis of lungs, meninges, peritonaeum, etc., Carcin-

canse of death approved by Committee on Nomencla such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease cansing death), 29 ds.; valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated nnless important. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State canse for Never report For vio-



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PHYSICIANS should state of OCCUPATION is very certificat 50 back plain See instructions 5 DEATH OF mportant. Every it

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.: Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. 1

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH MARRIEO. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?... Former or usual residence. BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. ness. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

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PLACE OF DEATH 233	STATE OF MARYLAND
Baltimore	CERTIFICATE OF DEATH
J. J. W. W. J. W. J. W. J. W. J. W. J. W.	Registered No3

1	nty Ralturare	CERTIFICATE OF DEATH
COL	inty Jaymore	Registered No. 3.5
Vil	lage or City Head Arlungtay (No. Tens	ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME John Ja	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	Tale Color OR RACE MARRIED, Married ORDINARCE (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
8 DA	(Month) (Day) (Year)	for 11, 1914, to for 19, 1914, that I last saw h Malive on for 19, 1914
7 AGE	If LESS than	and that death occurred on the date stated above, at 3.30 Pm.
	5-9 yrs. 3 mos. 18 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) T parti (b) G busine	cupation rade, profession, or cular kind of work  eneral nature of industry, ess, or establishment in nemployed (or employer)	(Duration) yrs. mos. S. ds.
9 BIR (Sta	THPLACE te or country) Baltimore	Contributory (Secondary)  (Deration)  yrs. mos. ds.
	O NAME OF Christopher Fawcel	(Signed) A wer pawcett, M. D.
Z	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHER Jarah Stephenson (State or country) Ireland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 <sub>TF</sub>	nformant) A West Howcell for	Where was disease contracted, If not at place of death?  Former or  usual residence.
15	(Address) 72/3 Lenlius AV	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jany 1914
Filed	REGISTRAR	Slewer & officioen & 2151 Task
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the pismass Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease Causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia desist of lungs, meninges, peritonaeum, etc... Carcinlosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For yzo-



the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesoccupation is very important, so that the relative healthan additional line is provided for the latter statement; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; it should be used only when needed. As examples: (a) the nature of the business or industry, and therefore ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Day laborer, Farm laborer, Laborer-"Dealer," etc., worked on may form part of the second statement. ness, that fact may be indicated thus: Farmer (retired, cupation at beginning of illness. If retired from busiup on account of the disease Causing death, state ocin domestic service for wages, as Servant, Cook, Houseto report specifically the occupations of persons engaged Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material ever, write None. Statement of Occupation.—Precise statement of For many occupations a single word or term on or At Home, and children, not gainfully emreturn For persons who have no occupation what-If the occupation has been changed or given without more precise specification, "Laborer," "Foreman," "Manager," -Coal mine, etc. 93 (5)

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs,

avoid use of "Tumor" meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease tory (secondary or intercurrent) affection need not be ease; Chronic interstitial nephritis, etc. The contribu-Measles; Whooping cough; Chronic valvular heart disanition," "Marasmus," "Old age," "Shock," "Uræmia," matic), "Atrophy," "Collapse," "Coma," "Convulsions," ditions, such as "Asthenia," "Anæmia" merely symptotory." dental drowning; Struck by railway train - accident; if impossible to determine definitely. VIOLENT DEATHS state MEANS OF INJURY and qualify as tichaemia," "PUERPERAL peritonitis," etc. ing from childbirth or miscarriage, as "Puerperal septained as the cause. Always qualify all diseases result-"Weakness," etc., when a definit disease can be ascer-"Exhaustion," "Heart Failure," "Hæmorrhage," "In-"Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, for which surgical operation was undertaken. tetanus) may be stated under the head of "Contribuas fracture of skull, and consequences (e. g., sepsis, bolic acid-probably suicide. The nature of the injury, Revolver wound of head-homicide; Poisoned by car-Never report mere symptoms or terminal con-(name origin; "Cancer" is less definite; for malignant neoplasms); Examples: Acci-State cause

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Haemorrhage, Meningitis, Phlebitis, Cellulitis, Gangrene, Miscarriage, Pyaemia, Childbirth, Gastritis, Necrosis, Septicaemia, Convulsions, Erysipelas, Peritonitis, Tetanus,

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

SPLACE OF DEATH 234	STATE OF MARYLAND
County Oallington	CERTIFICATE OF DEATH
	Registration Dist. No. 41
Village or City(No(No	[If death occurred to a hospitel or lostitution,
	give its NAME instead of street and number.
* FULL NAME John Joseph	Of weller with the same would be same with the same would be same with the same would be same would be same would be same with the same would be same would be same with the same with t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Surale.	16 DATE OF DEATH Som. 31 1914
Mala White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Acm. 31, 1914, to Jan. 31, 1914,
July 14, 1906	that I last saw harm allye on Agent 31, 1914
7 AGE (Month) (Day) (Year)	
1 dey,hrs.	and that death occurred on the date stated above, at 22 22 m, The CAUSE OF DEATH* was as follows:
yrs. <u>O</u> mos. <u>/ O</u> ds.   <u>OR</u> mln. ?	Camulians due la gastro-
(a) Trede, profession, or Mana	Entrice Toxemia
perficular kind of work.  (b) General neture of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmos. / ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10acs	(Duration) yrs mos ds.
10 NAME OF albert W Fireling	(Signed) (Calif. J. Green, M. D.
11 BIRTHPLACE OFFATHER (State or country)  Balla	Jan 3/, 1914 (Address) 20/2 clesquille 31
OFFATHER (State or country) Balls  12 MAIDEN NAME OF MOTHER Kallistens Smith	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Ralligums Smith	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSFERSE
13 BIRTHPLACE OF MOTHER (State or country) ( ) Shelowed	At place in the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at piece of death?
informan Ida Puscher	Former or
an East ais	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A. C. Carlo	SX MACQUETA 2/3 19144
Filed 12 1914 & SIME Buahas	20 UNDERTAKER ADDRESS
REGISTRAR	Jun Cook 50x E. Miles
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUTEPTERAL septicharcause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. nant ncoplasms); Measles; Whooping cough; Chronic oma. Sureoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As "Dropsy," "Exhaustion, etc. State (name origin; "Can cause for For vio-



v2

Village or City MV. Washington No. 235	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME I Dridger	in partel of street and number,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aucul Mutt Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Monyh) (Day) (Yenr)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	58()/ , 1913, to Jury 9 , 191/4
(Month) (Day) (Year)	that I last saw h 12 alive on Juny 9 ,1914
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Sight Caralypes  (Secondary)
10 NAME OF SUPLOS	(Signed) (Buration) yrs 2 mos ds.  (Signed) (Address) 86571136
OF FATHER (State or country) Country Clair State  12 MAIDEN NAME OF MOTHER SCREV Know	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Hugh Fibyhavech	If not at place of death?  Former or usual residence
(Address) Mount Hashing 12  15  Filed ///2 ,1914 Claus Swins (A)  REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL  Leathedral Cleneting Land 12, 1914  20 undertaker Address  Holory W. Mlars & Son 805 h Cahrof St
1f more blanks are needed, address State Registrar, 6	

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; It should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing different (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resulting from LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. Accidental drowning; Struck by railway train—acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronio Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio-01



C	PLACE OF DEATH 230 ounty Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
v	FULL NAME a. Ronggalo.	Registration Dist. No. St.; Ward)  File Cleber  Registration Dist. No. St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S		(Month) (Day) (Year)  17 I HEREBY CERTIFY. That I ettended deceased from
	Month) (Day) (Year)	that I last saw have alive on Jan. 27, 1914
(a)	GE 64 yrs. 5 mos. ds. or min.?  CCUPATION ) Frade, profession, or ricular kind of work	and that death occurred on the date stated above, at 11.22 A.m. The CAUSE OF DEATH* was as follows:  Accident Struck by Railroad train.
bus whi	General nature of industry, ilness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  Acceptace to the state of country to t	Contributory Grochers Shell and (Secondary)  My Mag. (Buration)  My Mag. (Buration)  My Mag. (Buration)
ARENTS	11 BIRTHPLACE OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<b>d</b>	13 BIRTHPLACE OF MOTHER (State or country) Hangard & Mod.	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death O yrs. O mos. ds. State yrs. mos. ds.
147	(Informant) Rus. Bevon Feletation  (Address) Cherden Teletation  (Address) Cherden Teletation	Where was disease contracted, If oot at place of death?  Former or usual residence. Abeuleur Two.  19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  20, 1912
File	191 / 191 / 191 / 191 / REGISTRAR	Generater Sons Perryman
	If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-



ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples: For vio-



MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH 237	STATE OF MARYLAND
county Ballimore	CERTIFICATE OF DEATH
County July XOVVOOC	Registered No. 43
1 20 1 00 00	· Karan
Village or City Hardrawelle (No. 180,	a nospital or institution,
00,1	give its NAME Instead of street and number.]
2 FULL NAME STRUCK	11000 on another manifest.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MA	16 DATE OF CLATH
Fremale White widowed, Marriero orgivorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1/1000 21	OP 15 , 1913, to 10 can // , 1914.
(Month) (Day) (Year)	that I last saw har alive on face 1 1914
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at O.J.F.m.
2 7 yrs. mos, 12 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	D O O O
(a) Trade, profession, or	Julivary Julitellose,
particular kind of work	0
business, or establishment in	(Quration) yrs. mos. ds.
which employed (or employer)	Contributory & Lauretron
(State or country) Ballynary	(Secondary)
10 NAME OF 11 CO	(Duration) yrs. mos. ds.
FATHER Chas L. Brown	(Signed) , MT.
V 11 BIRTHPLACE OFFATHER (State or country)	3 , 191 4 (Address)
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Mary & Watts	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Ballmare	At place in the of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Lloyd Ford	Former or
	usual residence
(Address) fouthern ove Sandring	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	20 UNDERTAKER (2 CADDRESS
Filed	
more blanks are needed, address State Registrar, 6	- I I I I I I I I I I I I I I I I I I I
()	E. Plankin St., Baito., Mequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," - "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) Aiways qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," . (name origin; "Can-The nature of the death), 29 ds.;



Y. B. No. 1.

		N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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238	
1 PLACE OF DEATH	STATE OF MARYLAND
Gounty Bacto	CERTIFICATE OF DEATH
O	Registration Dist. No. 3.5
Village or Gity Crlington (No. 6 Cl. 2 FULL NAME Elizabeth &	Cadeury Orest.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWE CO OR DIVORCE (Write the word)	16 DATE OF DEATH  Jan 11 1 191 4 (Month) (Day) (Year)
DATE OF BIRTH  Muck 30, 1830  (Month) (Day) (Year)	that I last saw has alive on fam 10 th 1914.
7 AGE  83 yrs. 9 mos. 12 ds.   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
* OCCUPATION  (a) Trade, profession, er particular kind ef work  (b) General nature ef industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Bullo**  **Country**  **Bullo**  **Country*  **Bullo**  **Bullo**	(Duration) yrs. mos. of ds.  Contributory Seculity (Secondary)
10 NAME OF PLUE Bailey  11 BIRTHPLACE OF FATHER (State or Country) Builto Co  12 MAIDEN RAME OF MPTHERELL Welliams  13 BIRTHPLACE	(Signed) (Si
(State or country) Balls Co  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant) Manywort Struets	of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) 6 Wederny are  16 Filed Mok 3/ 1914 John REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Western Clun 20 UNDERTAKER  William Cook  NO 2 E. N. Cook
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

japproved by U. S. Census and American Public Health Association.]

cated thus: Farmor (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal scotichacmus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin: "Can Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURLLAU, V.S.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very AGE should properly class carefully supplied.

o that it may be p ō DEATH in plain terms, See Instructions on back

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PARENTS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

Fif death occurred to

²FULL NAME	a hospital or institution, give its NAME instead of street and humber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  S.SINCLE, MARRIED, WIDOWCO, ORDIVORCEO (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
If LESS than 1 day	and that seath occurred on the date stated above, atm, The CAUSE OF DEATH* was as follower  Termstury by the
profession, or coulder to kind of work	(Ouration) yrs mos ds.
PLACE THE OF COUNTRY)  Balto  Co.  HAME OF FATHER  Geo a. Jek	Contributory Secondary  (Doration) yrs mos ds.  (Signed) , M. D.
AAIDEN NAME OF MOTHER ELIS Tring	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
IRTHPLACE DE MOTHER (State or country)  Back	At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted,
ant) 3903 Alexanders)	if not at place of death?  Former or usual rosidence.  19 place of Burial or Removal  Analomial Jahralon, John Make, Jan 8, 1914.
191 REGISTRAR	20 UNDERTAKER REDUCED STRONG ADDRESS Withing Solor Syndrine Solor

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

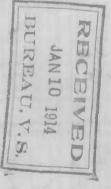


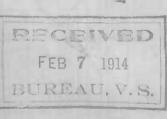
[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH Balto CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS Man and that death occurred on the date stated above, at 1 day... min ? ..mos......ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) .... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. ... State \_ ds. Where was disease contracted. If not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

41 DATE 5-14-14

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

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> cause of death approved by Committee on Nomenclature of the American Medical Association.) nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (secondary or intercurrent) the head

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

スロCECVI BUREAU, V.S. 1914

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#### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, (Write the word) DATE OF BIRTH (Month (Day (Year) TAGE If LESS that 1 day,....hrs OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER . 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (Month) (Day (Year)
=	17 I HEREBY CERTIFY, That I attended deceased from
	3, 1914, to 7, 1914,
-	that I last saw h alive on
	and that death occurred on the date stated above, at 1 70 4 m,
	The CAUSE OF DEATH* was as follows:
-	
	To e l'I Et e e e e
*	N. D. W. C.
	(Duration) yrs. mos. 4 ds.
-	Contributory My cardely
_	(Duration) yrs mos 3 ds.
	(Signed) Mrs M. G.
- }	Jan 7, 191 4 (Address) Eller Cot Ind
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	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	At place In the
-	of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	mount Olive San 8 1914
•	20 UNDERTAKER ADDRESS
	Castoro Jons Celliert Caly
ist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Reg

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualitied, is indefinite): Tubereuctesis of lungs, meninges, peritonacum, etc., Carcin-

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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. If death occurred in Village or City a hospital or institution. give its NAME Instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day) (Year) HEREBY CERTIFY, That I attended depresed from B DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than f day ..... hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributa 9 BIRTHPLACE (State or country) econdary) (Duration) 10 NAME OF 11 BIRTHPLACE (Address) ARENTS OF FATHER (State or country) \*State the DIBEASE CAUBING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death ..... yrs. .... mos. ... ..... ds. State Where was disease contracted. If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balte, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—('aal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation—Precise statement of occupa-tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care wbo receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second For many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (g)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purreman scptichacaffection need not be stated unless important. cause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Sbock." 'Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, \_ (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

FEB 5 1914
BUREAU. V.S.

No. υż

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should state PHYSICIANS Shot RECORD statement PERMANENT EXACTLY. classified. V pinous UNFADING INK-THIS properly AGE supplied. certificate. that 80 50 WITH be back terms, should 0 plain See Instructions Information 2 DEATH WRITE ō Item OF Important. CAUSE

#### 3 SEX TAGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF

PARENTS

15

FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE, MARRIED,

WIDOWED. Write the word)

(Day

mos.....ds.

(Year)

It LESS than

1 day ..... hrs.

OR ..... nin. ?

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St .: Ward)

Ilt death occurred in a hospital or lostitution, give its NAME Instead

at I last saw h last alive on fact 4, 191 4  Indeed that death occurred on the date stated above, at fact and a control of the last stated above, at fact and a control of the	I HEREBY CERTIFY, That I atte	Day (Year)  unded deceased from  191  191  191  ve, at   191  101  101  101  101  101  101  10
(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from the last saw half allow on the last stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half allow on the date stated above, at the last saw half saw in the date stated above, at the last saw in the last saw half saw in the last saw in the l	(Month) (I  I HEREBY CERTIFY, That I atte  2 2 , 191 3, to  ast saw h la alive on and t death occurred on the date stated about  USE OF DEATH* was as follows:	Day (Year)  unded deceased from  191  191  191  ve, at   191  1   1   1   1   1   1   1   1
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(Duration) yrs mos d  Igned) Call (Address) Call (Address) And (Address) (Ad	ributory Cachegia & her	uslund
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CLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  I place In the death yrs mos ds. State yrs mos d here was disease contracted,	S, state (1) Means of Injury; and (2	whether Acciden
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ADDRESS

MY KNOWLEDGE Calludral 20 UNDERTAKER REGISTRAR 4 ahry

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origlu; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (uncrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory tctanus) may be stated under Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report the head For vio-



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH  Junty Ballo  Jage or City Relay (No. 1914)  FULL NAME Phones P.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  Ward)  Grim  Ward)  Grim  State Ward)  Grim  Grim  State Ward)  Grim  State Ward)  Grim  State Ward)  Grim  Grim  State Ward)  Grim  Griffeet and aomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	all lowle (Write the word)	16 DATE OF DEATH  [Month]  (Month)  (Day)  (Year)
6 DA	TE OF BIRTH 29, 1843  (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from  January 5th, 1914, to January 7th, 1914, that I last saw him alive on January 7th, 1914
	TO yrs. 5 mos, /O ds. or min.?	and that death occurred on the date stated above, at 9 m.  The CAUSE OF DEATH * was as follows:
parfi (b) ( busin which	rade, profession, er cular kind ef work  Deneral nature ef indusfry, ess, or esfablishment in n employed (or employer)  ATHPLACE tte or country)	(Duration) # 3 yrs. mos. ds.  Contributory Cerebral hemorrhage - Henry legia (Secondary)
ENTS	10 NAME OF FATHER Ollians W. Grine 11 BIRTHPLACE OF FATHER (State or country) Md  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  14 MAIDEN NAME	(Signed)
PA	OF MOTHER AND BOLLING M. M. C. (State or country) Baltishore, M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place  of death yrs, mos, ds,
14 <sub>TH</sub>	nformant) Lavid L. Widerson	Where was disease confracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL
1 5 Filed	(Address)	20 UNDERTAKER William Cool John G. W. Gre
	If more blanks are needed, address State Registral	r, CE. Franklin St., Belto., Requesting V. S. No. 1. Bales

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal mening is"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosts of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of \_\_ cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or Ony Deer Buse (No	St; Ward)  [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while while (Write the word)  3 SEX  4 COLOR OR RACE  5 BINGLE, MARRIED, WIDDWED, WIDDWED, WORDWOOD PROVINCED  6 DATE OF BIRTH  7 1874	16 DATE OF DEATH  Jaw 2, 191.4  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from 15.4  Nov. 15.4, 191.8, to 191.44
(Month) (Day) (Year)  7 AGE  1 (LESS than t day, hrs. or min.?	and that death occurred on the date stated above, at 9 4 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ballo Co Ma	Contributory (Secondary) (Duration) 3 yrs mos ds.
10 NAME OF FATHER Servey Guswald  11 BIRTHPLACE OF FATHER (State or country) Batto Co Mod  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 LOLLY  GREAT GRANT GRAN	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
Address) Restatore.  15 Filed PM, 3, 1914 A PShiple Recistran  If more blanks are needed, address State Begistra	Der Park Centy Gen 4, 1914.  20 UNDERTAKER  F. Colino Revolution Revolution Revolutions  19 PLACE OF BURIAL OB REMOVAL  ADDRESS  Revolution Revolution V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

childlirth or miscarriage, as "Purerenal scotichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms) : Measics; Whooping cough: Chronic oma. Sarcoma. etc., of "Contributory." Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senlie," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State-cause for (name origin: "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENTED FEB 4 1914 BUREAU.V.S.

V. S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH

Baltimore

agrees Horndestall

246

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

\_St.;....Ward)

[It death occurred in a hospital or lostitution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	EX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OROUSORED (Write the word) Married	16 DATE OF DEATH  (Month) (Day (Year)
6 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year)  GE   If LESS than	that I last saw held alive on Jan 3/ 1914, and that death occurred on the date stated above, at 3 50 pm,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	mos or or min.?	7
	CCUPATION	Ontrada Intenti
	Trade, protession, or fousewife	
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) Owaz yrs mos ds.
9 BI	RTHPLACE	Contributory Would dil ladini of wart
	(State or country) Howard Country Mid	2
	10 NAME OF FATHER	(Duration) yrs mos ds.
	I homas Shoemaker	(Signed) Walts Ostson Ord, M. D.
ARENTS	of FATHER (State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARI	12 MAIDEN NAME OF MOTHER	TAL, SUICINAL, or HOMICINAL.
0	Clara Narrison	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Maryland	At place in the ot death yrs, mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Mrs. & Wall	Former or usual rosidence. Mt. airy, Md.
	(Address) Mt. airy Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		not turn ma Jack 4 1914
gu.	or the south George Idean of	20 UNDERTAKER ADDRESS
FIL	REGISTRAR	& Salelannan 1636 811
	If more blanks are needed, address State Regist	man C. M. Prophyla Ct. Dalla S.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-It should be used only when ueeded. Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atropby," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Ilcart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S.

PLACE OF DEATH 247	STATE OF MARYLAND
County Bulls	CERTIFICATE OF DEATH
2	Registered No. 4D
Village or City The Control (No	St; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  Jan S (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	Jan. 1914 to Jan 7 1914, that I last saw h waster on Jan 7 1914.
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mad	(Buration) yrs. mos. 8 ds.  Contributory angina Pectoris (Secondary) Bhour
10 NAME OF FATHER CHARLES FIECE  11 BIRTHPLACE OF FATHER (State or country) 2 Curf Ruguer  12 MAIDEN NAME OF MOTHER 20 - 21	(Signed) J. M. D. Jan 9, 1914 (Address) Silling Incl.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) M. Acceptable  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Harrell marque	If not at place of death?  Former or  usual residence
(Address)  16  Filed Acres 191 4 F GITTER  REGISTRAR  II more blanks are needed, address State Registrar, 6	19 PLACE OF BURIAL OR REMOVAL  ALTERNATION  20 UNDERTAKER  ADDRESS  BLO DATE OF BURIAL  ACCOUNTY OF THE PROPERTY OF S. N. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mme, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can-Examples:



202

1 PLACE OF DEATH state CCUPATION IS St.:....Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word) / Marrie (Month) (Day (Year) 7 AGE If LESS than THIS 1 day, .....hrs. OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. ADING business, or establishment in which employed (or employer) ..... State or country) UNF 10 NAME OF FATHER 11 BIRTHPLACE . 191 .4. (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) 0 of inford mos. / 4 ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? OF Item CAUSE OF 15 20 UNDERTAKER m REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give Its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased fro and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS State DATE OF BURIAL an 31 ADDRESS Ardenela.

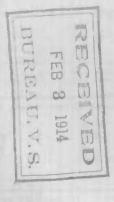
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state oecnpation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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UNFADING

PHYSICIANS should of OCCUPATION is RECORD PERMANENT 90 back instructions pla 2 I DEAT OF mportant. ш Every

#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilt death occurred in St .:. ....Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED. (Month) (Year) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 1 day .....hrs. ..... mos. .... OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duratien) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or co ot death State ..... yrs. \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at piace of death? Former or usual residence. OR REMOVAL DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness of various pursults can be known. The question who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But iu many "Foreman,"

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonagum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage;" "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-".Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or Intercurrent) "Tuerperal peritonitis," etc. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," State cause for Never report



. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S

A LINIAGE OF DEATH - SATO	STATE OF MARYLAND
PLACE OF BEATH	CERTIFICATE OF DEATH
Gounty Mallemore	
71 as sale med.	Registration Dist. No
Village or City Nells all (No.,	St.; Ward) [It death occurred in a hospital or lostitution,
Fo = 4/1/	give its NAME instead of street and nomber.]
2FULL NAME MUNO 10.11 Cus	p Huney
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Child	16 DATE OF DEATH JAN 12 . 1914
Male white (wite the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July 2, 1913	that I isst ssw h an silve on 2 m / 2 1914
(Month)/ (Day (Year)	and that death occurred on the date stated above, at 12.30Pm.
yrs	The CAUSE OF DEATH* was as lollowa:
BOCCUPATION	Thrush, followed by
(a) Trade, protession, or particular kind of work	bronco prejemoria and
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Quratien) yrs mos / Z ds.
9 BIRTHPLACE (State or country)	Secondary On the Friemonia
10 NAME OF	and Descoules (Duration) yrs mos 6 ds.
FATHER Frank Haney	(Signed) All O. M. D.
of 11 BIRTHPLACE OF FATHER	,191 (Address) Neman Hospital
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Minnie Edna Kelevell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSISTED
13 BIRTHPLACE OF MOTHER . A/ . O . O . D	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds Where was disease contracted,
115 711 1rlx	It not at place of death?
(Informant)	usual residence
(Address) / CMass Has Jackas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Jan 1st 191 H Oc Co Sunih	20 UNDERTAKER ADDRESS
PEGISTRAR	Sen 16. Cech W. Bolloso

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursnits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

pneumonia"); Lobar CAUSING DEATH (the primary affection with respect to ("Pncumonla," "Croup";) term for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., (the only definite synouym is mculngitls"); Typhoid fever (uever unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria (avoid use Examples: Cerebrospinal report "Typhoid "Epidemic cerc-

> nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cunaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Pueepperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mercly symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustiou," "PUERPERAL septichac-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BUREAU, V.S.

No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

1 PLACE OF DEATH 25	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Nove Peter Held	Registration Dist. No. 41  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
(Month) (Dy (Year)	that I last saw h
TAGE    If LESS than   day,hrs.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Accudental Drowning
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.  Gontributory Secondary
OF FATHER AMENDEN  11 BIRTHPLACE OF FATHER (State or country)  12 Dermany	(Signed) (Duration) yrs mos ds.  (Signed) (Address) , M. D.  *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
(informant)	Where was disease contracted, If not at place of dealh?  Former or usual residence.
(Address) 15 Filed 19, 181 4 9 E M Caushay REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  233 4 Fefferam A  20 UNDERTAKER  Christian Muller  23 54 Jefferam  23 54 Jefferam
1f more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin

childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



7. B. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 252	STATE OF MARYLAND		
County Bellimore	CERTIFICATE OF DEATH		
4 · 11	Registration Dist. No 3		
Vittage or City Couraville (No	St.; Ward)  [If death occurred in a hospital or institution, give its MAME lostead of street and oumber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 25, 191 (Month) (Day) (Year)		
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day) (Year)	that last saw h & alive on 2007 2 5 191		
7 AGE If LESS than t day,	and that death occurred on the date stated above, at 2328 m, The GAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, profession, or particular kind of work	Julie Person		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.		
(State or country) Baltimore	(Secondary) (Deration) yrs mos ds		
10 NAME OF Vincent Acdeman	(Signed) Leavy de Transport, M. D.		
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  The state of country of the state of the	*State the Dishasm Causing Death, or, in deaths from Violent		
of Mother Margaret Boshama	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Bultimore City	At place to the of death yrs mos ds. State yrs mos ds.		
(Informant). Huceut Dedeman	Where was disease contracted, If not at place of death?  Former or usual residence.		
(Address) Lauraville ma	Int Capacial Consider Som 26 and		
Filed Jen 7, 1914 Parl Surray REGISTRARY	Fredricassom o Jones Hilleston mol.		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tubercumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_\_ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for For VIO-



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state PHYSICIANS should of OCCUPATION IS certifical 9 back ATH in plain instructions DEATH 0 PO mportant. ы CAUSI

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in (No. .....Ward) a hospital or institution. give ils NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SMGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Morth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duratien) which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. ..... mos. .... State ..... yrs. \_ \_ ds. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death?. Former or (Informant) Usual residence 19 PLACE OF BURJAL OR REMOVAL DATE OF BURIAL (Address). 15 eccets. ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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VRI	F D
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10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country) 14 THE ABOVE STRUE TO

(Address) 3702 Gastern An

PARENTS

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state Very

1 PLACE OF DEATH STATE OF MARYLAND DalturosE CERTIFICATE OF DEATHA Registration Dist. No... land town (No. 3702 Castern an st. Ilt death occurred in a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S'SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Dav (Write the word) (Year) CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country)

(Year)	that I last saw hen alive on Jan	~ 29 1914
LESS than	and that death occurred on the date state	d above at 3 D m
ay,hrs. min. ?	The CAUSE OF DEATH* was as follows:	
*****************	Chore aspher	
***************************************	(Duratien)	R yrs. I mos. y ds.
,		toron or other property of the United States of the
	*State the DISEASE CAUSING DEATH, O. CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT nd (2) whether Acciden-
E	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State .  Where was disease contracted, It not at place of death?  Former or usual residence.	
	Delico atta Com.	DATE OF BURIAL
nha	20 UNDERTAKER &	ADDRESS

1443 M. Broad way If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



BINDING FOR RESERVED MARGIN

8. No. 1.

#### N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

1 PLACE OF DEATH Baltimore

255

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

/lilage	or	City	Caulon

(No....

St.: .Ward) [If death occurred in a hospital or institution, give its NAME instead

FULL NAME Mining Hil	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Black Single. Married Wishower, Wishower, Wishower, Wishower, Wishower, Write the word,	(Month) (Day) (Year)  1 HEREBY CERTIFY. That I strended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h of allve on Jany 8, 1914
7 AGE  1 If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
8 OCCUPATION (a) Trads, profession, or particular kind of work.	Brouch - Pnemiowa
(h) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Pather**  **Down Howw  **The country of the country of th	(Signed) (Duration) yrs mes / O ds.  Contributory (cardiag Requestel (Secondary) (Buration) yrs mos / ds.  (Signed) yrs mos / ds.  (Signed) yrs mos / ds.  (Signed) yrs mos / ds.  *State the Disease Causing Death, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER (State or country) Sout four	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Watter Ttell  (Address) 8 th OD ownell Sta  Filed Auro, 191 4 th E. M. Enance  REGISTRAR	19 PLACE OF BURIAL OR PEMOVAL  19 PLACE OF BURIAL OR PEMOVAL  20 UNDERTAKER  ADDRESS  AUGUST  ADDRESS  AUGUST  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BURBAU, V.S.

V. S. No. 1.

15

SICIANS shoul classified. supplied. may plai 드 DEATH See instr of LO Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fit death occurred in .....Ward) a hospital or Institution, give Its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, ALL MARRIEO, WIDOWED. (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h..... alive on (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ..... t day.....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. ..... mos. ..... \_\_ ds. State ..... yrs. Where was disease contracted. It not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the nisease Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

pneumonia"); Lobar CAUSING NEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is term for the same disease. tlme and causation), using always the same accepted lesis of lungs, ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid unqualified, is indefinite): Tubereumeninges, peritonaeum, etc., fever (never pueumonia; Bronehopneumonia Diphtheria (avoid use Examples: Cerebrospinal report "Typhoid "Epidemic cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, FOR HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "," "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," (name origin; "Can-"Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BURBAU, V.S.

BINDING	
FOR	
RESERVED	
MARGIN	

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S Ø.

257

1 PLACE OF DEATH

(No.....

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) [It death occurred lo a hospital or institution, give its NAME instead of street and number.]

ADDRESS

*FULL NAME Still Buth o	& Hatos Tohn Holden	/
DEDCOME.	01/	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, Wilder Word of the World	(Mongh) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 HEREBY GERTIFY, That I attended deceased from 191 4, to 191 4, that I last saw h alive on 191 4
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Stilf Birlte -
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mid	Gontributory Secondary  (Duration) yrs mos ds.
10 NAME OF John Holden	(Signed) , M. D.
V) 11 BIRTHALACE OF FATHER 211	, 191 (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) The Thirty Thing	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Colgate CO.	19 PLACE OF BURIAL OR REMOVAL  OF Evangelish Cemelar Can 29/14 101

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

No. vi

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Filed\_\_

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of aCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

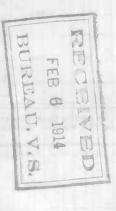
1 PLACE OF DEATH 258	STATE OF MARYLAND
County Ballo	CERTIFICATE OF DEATH
Village or City Pleasant Hellino.	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while on or sace of single, married, windows, morred, windows, (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Mov 20, 1822 (Month) (Day) (Tear)	that I last saw h allve on Jan 2 , 191
7 AGE    If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work Man age as (b) General nature of Industry, business, or establishment in which employed (or employer) Palapica Guano Co  BIRTHPLACE (State or country) Belliumere	(Duration) yrs. mos. 9 ds.  Contributory Area Secondary)  (Duration) 2 yrs. mos. ds.
10 NAME OF FATHER John Hoofun  NO 11 BIRTHPLACE OF FATHER (State or country) Contanto of Mother OF Mother OF Mother OF Mother (1)	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causing State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (intercover)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William J Hoofu	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Ourings Mell Md  Filed Jary 2/1914 IF THE REGISTRAR	19 PLACE OF BURIAL OF REMOVAL  All Saints County Jan 22, 1914  20 UNDERTAKER  F. Eline Readuatore
If more blanks are needed, address State Registr	ear, 6 5. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. childbirth or miscarriage, as "Purreral septicharample: Measles (disease causing death), 29 ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Scnile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) is iess defiulte; avoid use of "Tumor" for malig tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-"Exhaustion," Examples: For vio-



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PHYSICIANS shot RECORD PERMANENT proper pe UNFADING тау certificate. back piain instructions 5 of Inford OF mportant. Every

state Very

#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltimore Registration Dist. No... Ilf death occurred in ...Ward) a hospital or institution. give its NAME instead of street and numbor.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MÉDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 4.30 9 m. 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which omployed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF

(Signed)

At place

Former or

osual residence.

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE

FATHER

PARENT

OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO TH EST OF

16 REGISTRAR 19 PLACE OF BURIAL OF REMOVAL

of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

OR RECENT RESIDENTS)

Where was disease contracted.

If not at place of death?..

20 UNDERTAKER

... 191.5. (Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

State ...... yrs. \_\_\_\_ ds

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St./Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichac ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of State cause for For vio

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FEB 20 1914
BUREAU, V.S.

FOR BINDING MARGIN RESERVED

V. S. No. 1.

Village or City Mt Hope  (No. With Hope Roman St.: Ward)  2 FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  6 SINGLE, MARRIED, MONTH)  7 AGE  6 DATE OF BIRTH  7 AGE MONTH)  7 AGE MONTH)  (Day (Year)  THEES than 16 DATE OF DEATH ARMILLION, (Month)  (Day (Year)  THEES than 16 DATE OF DEATH ARMILLION, (Month)  (Day (Year)  THE LESS than 16 DATE OF DEATH ARMILLION, (Month)  (Day (Year)  THE LESS than 16 DATE OF DEATH ARMILLION, (Month)  (Day (Year)  THE LESS than 16 DATE OF DEATH ARMILLION, (Month)  (Day (Year)  THE CAUSE OF DEATH ARMS as follows:  A CONTIDUTORY APPROXIMATION  (Buration)  MILLS THAN 10 NAME OF FATHER (State or country)  PORTHER CAUSING DEATH, or, in deat CAUSING DEATH CAUSING DEATH CAUSING DEATH CAUSING DEATH CAUSING DEATH CAUSIN	1 PLACE OF DEATH 260  Ballinon Co Mid	STATE OF MARYLAND CERTIFICATE OF DEATH
Sex   4 COLOROR RACE   6 SINGLE, MARRIED, Marvier   16 DATE OF DEATH   10 DATE OF BIRTH	or Gity(No	give the Mante Instance
Married  B DATE OF BIRTH  B OCCUPATION (a) Trade, profession, or Mair Married (b) General nature of Industry, business, or establishment in Which employed (or employer)  B OCCUPATION (a) Trade, profession, or Mair Married (b) General nature of Industry, business, or establishment in Which employed (or employer)  B BIRTHPLACE (State or country) Balturon  10 NAME OF FATHER Saward Trade  11 BIRTHPLACE (State or country) Trade  12 MAIDEN NAME  OF MOTHER (State or country) Wal-  13 BIRTHPLACE (State or country) Wal-  14 BIRTHPLACE (State or country) Wal-  15 BIRTHPLACE (State or country) Wal-  16 State or Country) Wal-  17 I HEREBY CERTIFY, That I attend the state of the state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION  (Month)  (Day  (Month)  (Day  (Year)  If LESS than 1 day, hrs.  OR min.?  Contributory  Pather of country  BIRTHPLACE  (State or country)  Pathward  OF MOTHER  (Month)  (Day  (Year)  If LESS than 1 day, hrs.  OR min.?  The CAUSE OF DEATH * was as follows:  Acute  Mana that death occurred on the date stated above, the CAUSE OF DEATH * was as follows:  Acute  Mana Text  (Duration)  YES  Contributory  Approbably  (Signed)  10 NAME OF FATHER  CAUSEN  Secondary  (Signed)  12 MAIDEN NAME  OF MOTHER  Many Woodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  13 BIRTHPLACE  OF MOTHER  (State or country)  Many  Moodhouse  14 BLENGTH OF RESIDENCE (FOR HOSPITALS, INAUTITUTE OR RECENT RESIDENTS)  At place Aft of the Disease Causing Death, or, in death or Tall, SUICIDAL, or Homicidal, in the State of Recent Residents)  16 Length of Residents  17 Length of Residents  18 Length of Residents  18 Length of Residents  19 Length of Residents  10 Length of Residents  10 Recent Residents  10 Length of Residents  11 Length of Residents  11 Length of Residents  12 Length of	MARRIED, Mann.	(Month) (Day (Year)
If LESS than   day,hrs.   day, .	Jan 8 , 184	Agy 14th 1913, to Jan 16th 1916
(a) Trade, profession, or Mair Maker  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Ballimon Med  (State or country) Ballimon Med  (Signed) 1/2 auk 17 launing  Secondary  (Signed) 1/2 auk 17 launing  (Signed) 1/2 auk 17 launing  Maker  (State or country) Variable  State or country) Variable  (State or country) Variable  (State or country) Variable  State or country Variable  State or coun	11 LESS the 1 day,hr	The CAUSE OF DEATH * was as follows:
(Signed) 1/2 auk / 7 Caurery  (Address) / 4 A Othe  *State the Disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Inatituor or Recent Residents)  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Inatituor or Recent Residents)  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residents  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residents  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residents  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal.  18 Length of Residents  At place after the disease Causing Death, or, in dear  Causes, state (1) Means of Injury; and (2)  Tal, Suicidal, or Homicidal, or Homicidal.	eral nature of Industry, or establishment in uployed (or employer)	Secondary
*State the Disease Causing Death, or, in deal Causes, state (1) Means of Injury; and (2)  *State the Disease Causing Death, or, in deal Causes, state (1) Means of Injury; and (2)  *Tal, Suicidal, or Homicidal.  *BIRTHPLACE OF MOTHER OF MOTHER (State or country)  In the State of death	VAME OF Edward In muonger	(Signed) 1/2 auk & 7 Cauvry , M.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 Of death yrs. mas de State yrs.	OF FATHER (State or country)  MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
Witness are Commented to the Comment of the Comment	Mary Woodhouse	at place det or mas de state vre mas
(Informant) Records ) Ut Stope Med Former or usual residence Ballimon Med-	mant) Records ) W+ Hope mad	Where was disease contracted, Baltimon Mid If not at place of death?  Former or usual residence Baltimon Mid
Filed Jan 16 1914 Frank Filannery Baltimon City San ADDR	on 16th 1914 Frank & Filamer	Balling City San 8 , 1915 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Who have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasles "Senile," etc.), "Dropsy," "Exhaustion," wound of head-homicide; Poisoned (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Avidor WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address).... OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 EN STA OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But iu many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meaninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death). 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



### V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCCUPATION important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Mailo Registration Dist. No. It death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIOOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1913 to Jacey (Month) (Day (Year) TAGE and that death occurred on the date stated above, at 830 F If LESS than t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) \_\_\_\_\_\_vrs. \_\_\_\_mas \_\_\_\_ds. which employed (or employer) ...... Secondary Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER 1914 (Address) mudale Russ PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. 14 THE ABOVE Where was disease contracted. It not at place of death?.. usoal residence DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of agc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	37
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St.; Ward)

[it death occurred in a hospital or institution,

	FULL NAME UM H. Johns.	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Married, windwed, word)  **COLOR OR RACE   5 SINGLE, married windwed, or plyoreco (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
	Month) (Day (Year)	that last saw harm, alive on 1914.
TA	ge   it LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a pa (b)	CCUPATION  1) Trade, protession, or urban or urb	Paralysis
Wh	siness, or establishment in sich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER Charles 1. June 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death 2. yrs
14 .	(Informant) ALL HOUSE REC AND	Where was disease confracted, if not at place of death?  Former or usual residence.
16 Fl	(Address) Lex as Md	Druel Ride Date of Burial Pull Pull Pull Pull Pull Pull Pull Pu
	If more blanks are needed, address State Regist	ran 6 E. Franklin St. Balto Requesting V S No. 1

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

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No.
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STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No If death occurred in St:.....Ward) a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. I meeony 16 WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH 1913 to Louisery that I last saw h. 1 alive on on of our 586 12 1913 (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... I 1 day, ....hrs. DEATH\* was as follows: Con pertion OR ..... min. ? roperly BOCCUPATION AGE (a) Frade, protession, or (b) General nature of Industry, supplied. pe business, or establishment in (Duration) may which employed (or employer) ..... Contributory Consulmen certificate. <sup>9</sup>BIRTHPLACE (State or country) (Secondary) that (Daration) .....yrs .....yrs 10 NAME OF FATHER of 1914 (Address) Baglay back 11 BIRTHPLACE terms, FNT OF FATHER (State or country) pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-LO AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) DEATH \_\_ yrs. ..... mos. ..... ds. State yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? Jo P usual residence. important. Every Ite 15. ADDRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). dutles of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfuimaterial worked on may form part of the second applies to each and every person, irrespective of age. ness of various pursults can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," nnqualified, is indefinite); Tyberewissis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc.. Carcinioses

mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



### V. S. No. 1.

N. B.

### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. properly classified. UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of Information should be CAUSE OF Important.

1 PLACE OF DEATH 264
County Baltimore
Village or City rear Change Problem
2 FULL NAME Jone
PERSONAL AND STATISTICAL PARTICULARS

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME fores	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE Single, MARRIED, Shell burth Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A	GE   If LESS than   1 day,hrs.   OR	and that death occurred on the date stated above, at
(a pa (b) bu:	CCUPATION  1) Trade, profession, or  1rticular kind of work	Still-13 este  Hy dro-Ception  (Duration) yrs mos ds.
9 B	(State or country) Bullium Co. Well	Contributory Secondary  (Juration) yrs mos ds.
ARENTS	10 NAME OF FATHER Writisium Henry Jours  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME J	(Signed)
۵.	13 BIRTHPLACE OF MOTHER (State or country) Bullium Co-med	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  Af place In the of deathyrsmosds  Where was disease contracted.
	(Informant) Lilliam Rebucca June (Address) Mulls Mid	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 Fl	led Jun 5, 1914 Itmsladz REGISTRAR	20 UNDERTAKED ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," odl. (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



S. No. 1.

N. B

### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very RECORD PERMANENT be stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. UNFADING INK-THIS certificate. in plain terms, so uctions on back of WITH See instructions CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

[if death occurred in

	FULL NAME	V., Halu)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
35	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That I at	(Day (Year)
6 D	ATE OF BIRTH  Jan 5  (Month) (Day (Year)	that I last saw halive on	, 191,
7 A	GE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	oove, atm,
(b) bus wh	ricular kind of work.  General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Jullum  Co. Dec	Contributory Secondary (Duration)	***************************************
ARENTS	15 BIRTHPLACE OF FATHER (State or country)  10	(Signed) TY MSlass  Jan 5, 1914 (Address) Causing Death, or, in	deaths from Violen
PAR	13 BIRTHPLACE OF MOTHER (State or country) Bullium & Mes	CAUSES, STATE (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State	STITUTIONS, TRANSIENTS,
	(Informant) Curry Prises trees	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL	ATP OF PHONE
15 FII	ed Jan 5 191 1 Jan Slade	20 UNDERTAKER JOSINTE JA	DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

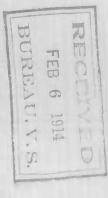
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

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7. B. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

/	1 PLACE OF DEATH	267			STATE OF MAI	OVIAND
/	A CO OT DEATH	h V a	A	As.	RTIFICATE O	
Co	ounty Delection		/11			111/1
	Phase	*		1	Registration Dis	If death occurred in
V	iliage or City	(No			St.;Ward)	a hospital or Institution give Its NAME Instead
	* FULL NAME M	cety of	uir	fours		of street and nomber.]
	PERSONAL AND STATISTICAL	PARTICULARS		MEDIC	AL CERTIFICATE OF	DEATH
3 SE	Esmale Croved	SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word)	rud	16 DATE OF DEATH	(Month)	(Day), (Year)
6 D	ATE OF BIRTH Jaw	29	865	Due 5	, 191 B, to La	191 4,
-	(Month)		(ear)	that I last saw h	alive on	9 0
7 AC	48 yrs. // mos	1 day.		and that death occurre The CAUSE OF DEATH		above, atm,
(a)	Frade, protession, or Housewer ticular kind of work	fu		Mital	Thursis	***************************************
busi	General nature of Industry, ness, or establishment in ch employed (or employer)			***************************************	(Duration)	yrs. ds.
	RTHPLACE ate or country) Harford (	20	-18	(Secondary)	1 Deration V	Vrs mac de
	10 NAME OF Oquilla	Tiles		(Signed) Charles	ruch -	, M. D.
ARENTS	OFFATHER (State or country)	ord, Co		*State the DISEASE	CAUSING DEATH, or, I	n deaths from Violent (2) whether Acciden-
PAR	12 MAIDEN NAME Jawy	Swelly	mol	18 LENGTH OF RESIDE	MICIDAL.	
	OF MOTHER (State or country)	fool, co		At place of death yrs me	In the os. State	yrs, mos ds.
	HE ABOVE IS THUE TO THE BEST O	Detres		Where was disease contracted it not at place of death?————Former or		**************************************
	(Address)	a mid	_	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
15	1	, , ,		Thank St 20 UNDERTAKER	Can	Jan 18, 1914
File	191 Sper /	REGISTR	RAR	Chas L	2.6	Prosposile
	If more blanks are nee				o. Redusting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health
Association.]

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STATE OF MARYLAND state CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No. fif death occurred in a hospital or institution, give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED A ORDIVORED Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH' was as follows: OR ..... min. ? properly 6 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, be business, or establishment in may which employed (or employer) certificate. BIRTHPLACE (Secondary) (State or country that 10 NAME OF 80 10 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions D. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) 2 At place In the \_ yrs. ..... mos. .... ds. State ..... yrs, \_\_\_\_ mes. ... DEATH Where was disease contracted. Sec if oot at place of death? LO usuai residence Important. Every Ite 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Requesting V. S. No. 1.

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RECORD

PERMANENT

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N. B.

Co	PLACE OF DEATH 26 Overlo	state of MA CERTIFICATE	
v	FULL NAME Elizabeth 12.13, fr	Registration Di St.; Ward	Ilt death occurred in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	Euro le White Single, WIDOWED, ORDIVORCED (Write the word) Widowed	16 DATE OF DEATH (Month)  17  I HEREBY CERTIFY, That	(Day) (Year)
6 D	Month (Month) (Day) (Year)	that I last saw halive on	, 191
TAC	86 yrs 86 mos. 16 ds. ORmin.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, stm,
(a) par (b) busi whice	Trade, profession, or ficular kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE ate or country)	and yet warm: 700  Contributory (Secondary)	dright mos. ds.
ARENTS	10 NAME OF FATHER CALL BISHAP  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)	In deaths from VIOLENT d (2) whether ACCIDEN
۵.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	yrs, ds.
15	(Address) 2408 N. Charles Sh Basts affan 3, 1914 J. J. Payne REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKES  PROJECT OF BURIAL OR REMOVAL  DE CONTRACTOR OF BURIAL OR REMOVAL	DATE OF BURIAL  Jans 191 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology.

cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." sepsis, tetanus) may he stated under the head by carbolic acid-probably suicide. such, if impossible to determine definitely. which surgical operation was undertaken. For vionant neoplasms); Measles; Whooping cough; Chronic er" is iess definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples:



Y. S. No. 1.

### PHYSICIANS should state OCCUPATION IS statement PERMANENT stated classifled. pinous properly INK supplied. pe UNFADING may that it me carefully o that it 20 50 WITH back terms, pinous UO PLAINLY plain Instructions of information DEATH in p WRITE Hem E OF mportant. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.9 It death occurred to a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISMASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the \_\_\_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ grs, \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death? usual residence 15 If more blanks are needed, address State Registrar, VE. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Reart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of \_\_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," ... (name origin; "Can-Examples: For VIO-



S. No.

7

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WITH PLAINLY, WRITE -Every item o CAUSE OF I Important. S m. ż

### 27

1	PLACE OF DEATH	STATE OF MA	RYLAND
	12 altimore	CERTIFICATE O	F DEATH
60	Euclowood Sanatorium	Registration Dis	st. No. PP
VII	lage or City(No.	St.; Ward	[If death occurred in
		2	a hospital or institution, give its NAME instead
	- Catherine A	Elisan-	of street and number.]
	FULL NAME Community		•••••
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
351	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH & auna	ref 31, 1915
	email XI nul ORDIVORCED (Write the word)	(Month)	(Day (Year)
6 D	ATE OF BIRTH	11/1/1/10 0 0	21 1
	January 19-1880	100	10:
	(Month) (Day (Year)	that I last saw h Malive on AM	Mary 50, 1917
TA		and that death occurred on the date stated	above, at 29 'm
	34 - 12 1 day,hrs.	The CAUSE OF DEATH* was as lollows:	
80	CCUPATION A GS.   OR min. ?	Julianary tube	roulous
(a)	Trade, profession, or		ø
	rticular kind of work	\	
bus	General nature of industry, iness, or establishment in	160.01 (months) /	/ /
Whi	ch employed (or employer)	(Ouration)	yrsds
9 B	(State or country) Geland	Contributory Comments	- 8 -
	10 NAME OF The O Comment	(R Oh) (Buration)	yrsds
	FATHER Michel Langan	(Signed)	GARAN, M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	August 1917 (Address) Ludiu	owood slau
ARE	12 MAIDEN NAME Mary M. Putty	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place / / In the	, Institutions, Transients
	(State or country)	of death yrs. mos. ds. State.	yrs ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	,
	(Informant) files / Clercan	Former or 4 W CH 11 13	NADALICA PA' A
	Spennes Don to	usual residence	wowe of all
	(Address) / flaction floring	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	of the	Holy roso (em)	fely - , 1914
	4 / 3/ / / / /	/ZUTINDEDTAKED	(

If more blanks are needed, address State Registrar, 6 E. Franklin St., Dulto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question eated thus: duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlvery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Farmer (retired 6 yrs.) As examples: For persous "Foreman," engineer, The

pneumonia"); Lobar "Croup";) brospinal time and eausatlou), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is ("Pneumonla," Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinul meningitis"); Diphtheria Typhoid unquallfied, Is indefinite): Tubercumeninges, fever (never report pneumonia; Bronchopneumonia peritonacum, "Epidemie cere-(avoid use etc., "Typhold

> mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childblrth or miscarriage as "PUERPERAL mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debllity" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of... ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopncumonia is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under (secondary), 10 ds. (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the State eause for "Exhaustion," the head Never report septichae-For vio-



N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

1 Justimps	CERTIFICATE OF DEATH
Gounty	Registration Dist, No.36
Village or City Mourifore (No. 2)	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINCLE, MARRIED, WELLES ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	6 PMs Jan 28, 1914, to 2.10 Milly Jan 29, 1914
7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2, 100, m
3 8 yrs. 4 mos. 73 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	
	***************************************
(b) General nature of Industry, business, or establishment In which employed (or employer)	(Duration) yrs. mos 10 hrs ds
business, or establishment in	Gontributory (Secondary)
business, or establishment in which employed (or employer)	Contributory (Secondary)  (Duration) yrs mos ds  (Signed) U U Mutefield, M. D
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  PARE A COLLEGE	(Signed) (Ouration) (Signed) (Signed) (Address) MANAGERAL (M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether According
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory (Secondary)  (Signed)
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Contributory (Secondary)  (Signed)
Dusiness, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MULLIA MADDALL  13 BIRTHPLACE OF MOTHER MULLIA MADDALL  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, Or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents  At place  in the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MULLIA MADDELLA MA	Contributory (Secondary)  (Signed)
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MULLIA ALADACU  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 TABLES  (Informant)	Contributory (Secondary)  (Secondary)  (Signed)  (Signed

STATE OF MADVIAND

949

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral scotichae mus," "Old Age," "Shock," 'Traemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genitai," thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 "Hart failurc," "Haemorrhage," "Inanition," "Maran-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropey," "Exhaustion," (name origin; "Can-State cause for Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City Leftlew (No. 418)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  OC. 28 4  (Month) (Day (Year)	
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Gontributory Secondary
10 NAME OF FATHER MCHELHELLES  11 BIRTHPLACE OF FATHER (State or country) Pennsylvania  12 MAIDEN NAME OF MOTHER CLICK Dames	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Make J. Kelly	OR RECENT RESIDENTS) At place In the of death
(Address) 4/8 Highland Aver 16 Filed Jaw 1, 191 4/16 M. Gundhau REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  LEV LIMBARL SAV  LAT W. P. attal

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatcment. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BUREAU. V.S.

### DECUPATION PHYSICIANS RECORD PERMANENT classified. properly be UNFADING may certificate. 50 back plain instructions 2 DEATH 0 OF Every item CAUSE OF Important.

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should

1 PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED, Sough WIDOWED, (Month) (Year) (Write the word) ! HEREBY CERTIFY, That I attended deceased from Mackenonen that I last saw her (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or nou particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENTS (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. .... mos. ... State ..... yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. it not at place of death?. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Seniie," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  8 BINGLE, WHOLE	Village or City Chestury Ridge Trancis	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  Reller  Resistration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
MARIE White MARKET CONTROL (Month) (Day) (Year)  PAGE (Month) (Day) (Year)  TAGE (Month) (Day) (Year)  THEREBY CERTIFY. That I attended deceased from the Law (Month) (Day) (Year)  THE CAUSE OF DEATH was as follows:  THE CAUSE OF DEATH was and that date stated above, at the part of the part	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
TAGE  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Bay, hrs.  (Bare, profession, or particular kind of work.  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry, business, or establishment in  (B) General nature of Industry,  (Secondary)  (Signed)  (Signed	Wale white write the word	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
TAGE    If LESS than 1 day. hrs.   1 day. hr	, , , , , , , , , , , , , , , , , , , ,	2 1100	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF FATHER  OF MOTHER (State or country)  13 BIRTHPLACE (OFFATHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  CAUSA (	7 AGE 16 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at	
(Signed)  11 BIRTHPLACE OF ATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant) May Call Process of May knowledge (Informant) May Call Process of Mother (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May Call Process of May knowledge (Informant) May Call Process (Inform	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or esfablishment in which employed (or employer)	(Secondary) Suprated Cord- Wnibelie	
Where was disease contracted, if not at place of death?  (Informant) Inaycis. Chest Reade Balls. C.  (Address) Chest Reade Balls. C.  (Address) Chest Reade Balls. C.  19 peace of Burial or Removal  15 peace Church. Ceus.  Filed. Lan 31, 1919 For ma Bussess  Registrar  Registrar  Where was disease contracted, if not at place of death?  Former or usual residence.  19 peace of Burial or Removal  20 page 22, 1914  20 page 23  20 page 24  20 page 24  20 page 25  20 page 27	TATHER WALL ST HELLEY  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed)  , 1914. (Address)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place  In the	
Filed Lan 3/ 1919 For ma Bushin Color Burns Sories Joneson.	(Informant) Transcis. O. Jennell  Cheshards Balla G.	Where was disease contracted, If not at place of deafh?  Former or usual residence	
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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman." (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichac-"Hart fallure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," 'Traemia," "Weakness," mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: nant ncoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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state OCCUPATION IS VELY should County.... PHYSICIANS Village or City... FULL NAME ō Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCEO (Write the word) stated 8 DATE OF BIRTH TARIL classified. (Month) (Day) be 7 AGE should T mos. properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) ...... CV Corr certificate. 9 BIRTHPLACE (State or country) = that 10 NAME OF FATHER 80 5 pe back PARENTS BIRTHPLACE terms, should OF FATHER (State or country) 0 12 MAIDEN NAME plain OF MOTHER Instructions Information 0 13 BIRTHPLACE OF MOTHER (State or country) of Inford 14 THE ABOVE IS TRUE TO THE BEST See Item 9 Important. Every It (Address) ... 15 8

(Year)

If LESS tha

1 day, .... hrs

OR .... min. ?

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
HEREBY CERTIFY, That	
that last saw have alive on a	u 3) 1914
and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, at
Du firmita &	Jag.
Contributory Conserved	yrs. 6 mos ds
from fier burghon	vrs
(Signed) V Q T	o review
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; as TAL, SUICIDAL, or HOMICIDAL.	, in deaths from VIOLENT ad (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALION RECENT RESIDENCE) At place In the of death vec many de State	
of death yrs, mos, ds. , State Where was disease contracted, If not at place of death?	ds mos, ds
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS.

No. où

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b). Automobile factory. The been changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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### RECORD PERMANENT INK supplied. UNFADING pino WRITE

PHYSICIANS should state of OCCUPATION IS very classified. properi may certifica that 0.0 back terms, 6 of information s. DEATH in plain See instructions plain Every item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution, give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That | attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, 1 day ...hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Sfate \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ (State or country Where was disease contracted. MY KNOWLEDGE If not af place of death? Former or usual residence. REMOVAL DATE OF BURIAL (Address) .... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for gcuital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



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### PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

425 Registration Dist. No...

Vill		st; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 S E	COLOR OR RACE S BINGLE, MARRIEO, WIDDWEO, ORDIVERCED (Write the word)	(Month)  I HEREBY CERTIFY, That I	(Day (Year)
7 A C	(Month) (Day (Year)	that I last saw half alive on and that death occurred on the date stated	, 191
(a) par (b) bus	Still Brith 1 day,hrs.  yrs	The CAUSE OF DEATH* was as follows:	Born
-	10 NAME OF FATHER CLYPT Plappoth.  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER CLYPT Plappoth.  13 BIRTHPLACE OF MOTHER CLYPT Purch Place OF MOTHER CLYPT Purch Place OF MOTHER CLYPT Plant Purch Place OF MOTHER CLYPT Plant Purch Place OF MOTHER CLYPT Plant Place OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER CLYPT Plant Place OF MOTHER (State or country)	the a ni	in deaths from Violent dd (2) whether Accinent
	(Informant) Dassen Shappwith  (Address) Dans dernie Int	Where was disease contracted, if not at place of death?  Former or Usual residence	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engineer, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." childbirth or miscarriage as "Puerperal septichaeetc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for affection ueed not be stated unless important. by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-Bronchopneumonia Is less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (dlsease causing (Recommendations on statement of (secondary), 10 ds. "Convulsions," "Debility" ("Condeath), 29 "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914 BURBAU. V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred in ...Ward) a hospital or lostitution, give its NAME Instead ot street and number.] Illine. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINCLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 K. to cany (Month) (Day (Year) 7 AGE and that death occurred on the date stated above, at \$.50 P If LESS than 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION alshora (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS GF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_ ds. Where was disease contracted. If not at place of death? Former or usuai residence DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemla," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendatious ou statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report 0



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1 PLACE OF DEATH STATE OF MARYLAND SICIANS should OCCUPATIONAS County Registration Dist. No. PHYSICIANS Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDDWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may (Duration) .vrs. .... mos. ... which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory... Secondary that 10 NAME OF FATHER 80 (Signed) 90 be back RENTS 11 BIRTHPLACE terms, 1000 (Address) pinous OF FATHER (State or country' \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. A Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place in the OF MOTHER EATH (State or country) ot death ..... yrs. .... mos. ... State \_\_\_\_\_ yrs.\_\_ Where was disease contracted, of 1 DE It not at place of death? CAUSE OF Important. S Former or usual residence. 19 PLACE OF BURDAL OR REMOVAL DATE OF BURIAL 15 annay Flied ADDRESE REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bald. Requesting V. S. No. 1.

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a hospital or institution, give its NAME Instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

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CAUSING DEATH (the primary affection with respect to pneumonia"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) fover (the only definite synouym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphtheria (avoid use Typhoid fever (never report "Typhoid Lobar unqualified, is indefinite): Tubcreumeninges, peritonacum, etc., pneumonia; Bronchopneumonia Carcin-

> valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping eough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in St.; Ward) a hospital or institution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Mon! ORDIVERCED (Write the word) 6 DATE OF BIRTH 1 1 01 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State ..... yrs, \_\_\_\_ mos. ..... ds. ... yrs, ..... mos, ..... ds. Where was disease contracted. If not at place of death? Former or OF BURIAL (Address) .-15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balvo., Requesting V. S. No. 1.

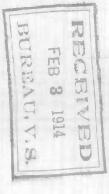
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... fif death occurred in St.;....Ward) a hospital or lostitution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 1.8.5.1 that I last saw h Malive on ..... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Justina al summortunger Secondary (State or country) Mruryou (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) Dru OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_ Where was disease contracted. TO THE If not at place of death? usual residence 15 20 UNDERTAKER ADDRESS

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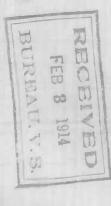
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1 PLACE OF DEATH state CERTIFICATE OF DEATH County. Registration Dist. No..... St .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WICOWEO, (Month) (Write the word) I HEREBY DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than t day ......hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) uo 12 MAIDEN NAME instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted, See If not at place of death? usual residence Important. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER Trank Torury Horck and, REGISTRAR Is allo

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STATE OF MARYLAND

Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number. ]

CERTIFY. That I attended deceased from \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold deumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the Americau Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," .. (name origin; "Can-"Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very immediate. See instructions on both of capitalists. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	/ PLACE OF DEATH 284	STATE OF MARYLAND
	County Ballinose	CERTIFICATE OF DEATH
1		erkely av Registered No.
1	Village or City M. Wholighi Heighto (No. Wes	St; Ward)  [If death occurred in a hospital or institution give its NAME instead
	* FULL NAME George Ediso	Zansclowne of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Mile Single, Married, Married Wisowest (Write the word)	16 DATE OF DEATH Jun. 20 , 191 (Year)
	DATE OF BIRTH Horimber 30 1875	that I last saw h in all won 20. 1914
	(Month) (Day) (Year)  AGE   11 LESS than   1 day,hrs.	and that death occurred on the date stated shove, st // P m, The CAUSE OF DEATH * was ss follows:
	occupation (a) Trade, profession, or particular kind of work	Loba Premonia
	(b) General nature of Industry, business, or establishment in which employed (or amployer)	(Duration) yrs. mos 5 ds.
	(State or country) Ballinore	(Secondary)  (Ouration) yrs mos ds.
	11 DIETHER JO, J. Jansdowne	(Signed). (Signed). M. B. (Address) 2/05 Class 18.
	OF FATHER (State or country) Ballinore  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
	Interment, S. E. S. Landowne	Where was disease contracted, If not at place of death? Former or
	(Address) Roland Gart	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	Filed Jan. 21, 1914 M. D. Portes	20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Begistrar	6 E. Franklin St. Raito Requestion V S. Vo. 1
	Or Preuver 2105 71 chan St	, No. 1. Deito, mequesting v. S. Ao, I.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specimine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

mia," "Tuesperal peritonitis," etc. childbirth or miscarriage, as "Purpresal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms) : Measics; Whooping cough: Chronic cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can-State cause for Examples



vi vi

RECORD

PERMANENT

CCUPATION 18 classified. properi may certifical 80 0 back terms, plain 2 of inform DEATH See instr OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY. That ! attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day ......hrs 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE Af place in the MOTHER of death \_\_\_\_\_ yrs. ..... State ..... yrs. \_ \_ mos. \_ ds. Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, michinges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avold use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Can "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



PLACE OF DEATH	STATE OF MARYLAND
Postinine 286	CERTIFICATE OF DEATH
County County C	Registered No. 43
Village or City Rashella M. P. O.	Chuuchia are. St.; Ward)  [If death occorred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 CI HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Och. 12h, 1913, to Jace 6 1914.
(Month) (Day) (Year)	that I last saw h la alive on Jan 5.41 ,1917
(Month) (Day) (Year)  7 AGE II LESS than	- 2 - 4
45 - vrs. 5 - mos. / ds. ormin.?	The CAUSE OF DEATH* was as follows:
Boccupation  (a) Trade, profession, or particular kind of work  (b) General nature of lodustry, business, or establishment in which employed (or amployar)  BIRTHPLACE  (State or country)	Contributory (Secondary)  Carelleon June 1 mos ds
10 NAME OF Robert Patterson	(Signed) C. L. M. D.
VI 11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Addidental, Suicidal, or Homicidal.
of MOTHER anie Directly  13 BIRTHPLACE OF MOTHER (State or country)  2 Pelauk	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mos,
(Informant) Los H. Light	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Raskefry  16 Filed Jan S., 1914. W. Fr. Clay town.  PREGISTRAR	Description of Burial or Bemoval Date of Burial Jobby Redeenser bumby Jaw. 9, 191 4  20 UNDERTAKER ADDRESS  DELLY FORCH Son 130, & Eager &
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the dismass causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accioma, Sarcoma, etc., of The contributory (secondary or intercurrent) "PUERPERAL peritonitis," totanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:



W. B. No. 1.

NAMORA & S. S.HT. WILL SMIGARINE HTIM VINIA

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLAGE OF DEATH 287	STATE OF MARYLAND
County Batto	CERTIFICATE OF DEATH
County Rock County	Registered No. 3
Village or City Glynden (Nd )	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Henerettal	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female lodered (Write the word)	18 DATE OF DEATH James 23, 191. 4  (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
Oueg 4, 1848 (Month (Day) (Year)	Jun 19, 191 4, to Jun 23, 191 4, that I last saw her alive on Jun 27, 191 4
7 AGE If LESS than	and that death occurred on the date stated above, at 4-45 m.
73 yrs. 5 mos. 19 ds. or min.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind at work	Grefae & Eneumin
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 ds.
State or country) Batto Co Mid	Gentributory (Secondary) Secure Celuly (Ourallon) yrs mos ds.
10 NAME OF Stephen Fory	(Signed) Romby
11 BIRTHPLACE OF FATHER (State or country) Botho (o Mil	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
2 12 MAIDEN NAME OF MOTHER (CM/2 mowess	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Boetto co Mil	At place In the of death yrs mos ds. State yrs mos ds.
Informant) Sumuel Soggues	Where was disease contracted, If not at place of death?  Former or usual residence.
Address #892 Typon at Ballines	Finey Grove Batto Co Jan 25, 191 24
Filed Cary 23191 4 17 mola SE REGISTRAR	20 UNDENTAKED T. Colinia Regulatore
off more blanks are needed, address State Begistrar	c, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Honsckcepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrereal septicharetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock." "Uraemin." "Weakness," "Ileart fallurc," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mailg. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No Village or City .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) 7 AGE It LESS than 1 day ..... hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or business, or establishment in which employed (or employer) ...... Contributory 9 SIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed S 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted 14 THE ABOVE IS TRUE 250 Harrison St 15 20 UNDERTAKER

[If death occurred in

a hospital or institution.

give its NAME Instead of street and number.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given np on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, As examples: For persons (%)

Statement of cause of death-Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage. as "Purreral scotichaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," ... (name origin; "Can Examples: 0



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OCCUPATION RECORD statement PERMANENT EXACTLY stated classified. pe properly AGI supplied. pe UNFADING may certificate. that 20 0 back terms. 0 plain instructions information = of infor See item FO mportant. Every it m

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH live on (Month) (Day) (Year) 7 AGE If NESS than and that death occurred on N e date stated above, at. 1 day. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF (Signed) PARENTS OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, ..... Where was disease contracted. it not at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR urners of ta If more bianks are needed, addities State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman." (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purpenal septichacetc., when a definite disease can be ascertained as the -Hart fallure," "Haemourhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never repornant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL pcritonitis," etc. "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can death), 29 ds.: State cause for Examples:



V. S. No. 1.

	PLACE OF DEATH 290 unty Battimer  age or City S parks R. F. Mo.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RAGE MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	(Month) (Day (Year)	HEREBY GERTIFY, That I attended deceased from July, 1913, to June 19, 1914, hat I last saw have alive on less 3 1, 1913
7 AC		and that desth occurred on the date stated above, at
(a) par	CCUPATION  Trade, profession, or ticular kind of work  Salver	chromic rulman Heart Humanie
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
BI	RTHPLACE (State or country) Ireland	Gontributory
	10 NAME OF FATHER WILLIAM	(Signed) B. B. Buy on M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER  Why	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
	Interment) May Maratrage	Where was disease contracted, It not at place of death?  Former or usual residence.
16	(Address) & parks lit BMD	Styrephis Texas Med Jan 9, 191.4
File	REGISTRAR	20 UNDERTAKER JADDRESS Safarly Mo
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cérebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephrilis. nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tolanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL perilonitis," etc. childbirth or miscarriage as "Puerperal seplichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, marre WIDOWED, (Month) (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h..... alive on ..... (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 day.....hrs. The CAUSE OF DEATH\* OR ..... ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. .... mos. .... ds. State ..... yrs. Where was disease contracted. It not at place of death? Former or usual residence 15 20UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred to a hospital or lostitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ...... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER/ PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs. \_\_ mos. .... Where was disease contracted, It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Pranklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations "Mauager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, mcningcs, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from tetanus) (Recommendations on statement of may be stated under the head Chronic interstitial nephritis, (secondary or intercurrent)



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STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. ] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH BEFY 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 7 AGE and that death occurred on the date stated above, at 7,300 If LESS than 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signet) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State ...... yrs. \_\_\_\_ mos. ... Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 20 UNDEATA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Lequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pdeumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds., valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehuectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakbess," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection ueed not be stated upless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of



	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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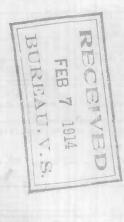
294	OTATE OF MARKET
PLACE OF DEATH	STATE OF MARYLAND
County Ballemore	CERTIFICATE OF DEATH
0, (	Registration Dist. No. 30
Village or City Latousville (No.	Machee St.; Ward)  [It death occurred in a hospital or Institution, give its NAME lostead of street and number.]
<sup>2</sup> FULL NAME / / WILLIAM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Brite word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Date of BIRTH aug 25, 1856	that I last saw h = alive on Jan 4 - 191 %
7 AGE (Month) (Day) (Year)  1 LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 12,45' m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Frade, protession, or Manager Saving Banks (b) General nature of industry,	Themo-Pneumonia (both lenge)
business, or establishment to which employed (or employer)	Ob (Affattor) + Grelaganos ds.
(State or country) Saltimore mal	Contributory Cfform Yell (Secondary) (Deration) yrs mos ds.
10 NAME OF Rev Charles B. Mackee	(Signed) author M. Gode, N. D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Hannah adams	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Irrland	At place in the of death yrs mos ds. State yrs mos ds.
(Interment) Mus Carrie D. Macker	Where was disease contracted, If not at place of death? Former or
(Address) Calousville Mel	19 BLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed Jan 5, 1814 Marshall B West REGISTRAR	20 UNDERTAKER COOK JOBS W. Bells
If more blanks are needed, address State Registration	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds. Never report



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthfulif retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, perilonaeum, etc., Carcin-

"Contributory." scpsis, tctanus) may be stated under mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. affectiou need not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Canis less defiuite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of State cause for the head of Never report



V. S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH

296

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward) St.;....

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Manue	18 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw h wellye on and 28, 1914,
(a) pa	it LESS than 1 day,hrs.  OR	and that death occurred on the date stated above, at 9 3 1, m, The CAUSE OF DEATH* was as follows:  Acute Museummunions Mathematical acute of the company of
bus Whi	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Contributory Planna of Jungs.
PARENTS	10 NAME OF FATHER Louis Mention  11 BIRTHPLACE OF FATHER (State or country) New York.  12 MAIDEN NAME	(Signed) (Si
	OF MOTHER So not know  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds  Where was disease contracted,
	(Address) 2709 Frederick Road.	It not at piace of death?  Former or usual residence. 2709 £rudenicke Poad.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ofary 1914 Gerashwalf	Calliolaal Jan 31, 1914  20 UNDERTAKER  M M Coah  Mand & Grunner
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puenperal scutichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy." "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report For vio-



RECORD	PHYSICIANS should of OCCUPATION IS
THE IS A LEWINANENI	Operly classified. Exact statement
WILL FEMALE, WILL STRONG MAN-THIS IS A PENTANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	Every item CAUSE OF Important.

tate

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ....Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, OZZ (Month) (Write the word) CERTIFY. That I attended deceased from (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. .... mos. ... State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or usual residence 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully cuployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Coutributory." injury, as fracture of skull, and cousequeuces (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head septichae-For VIO-



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state PHYSICIANS should RECORD ERMANENT EXACTLY Exact stated properly classifled. should be AGE supplied. pe may certificate. carefully so that it Jo pe back in plain terms. should uo See Instructions Information DEATH of 10 mportant. Every ite

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Sallymon Registration Dist. No.... Village or City Mt lif death occurred in a hospital or Institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 6 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH abs . 190.O. to. that I last saw h Llam alive on A.C. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at //: 10 4 m. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? BOCCUPATION (a) Frade, profession, or (b) General nature of Industry, 066 business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place aba OF MOTHER (State or country) State usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURJAL 15 20 UNDERTAKER Trank & The ADDRESS REGISTRAR Delwart & Moron

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the pismass of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death —Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Framples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples:



	PULL NAME John Montg	St; Ward)  [If deat a hospital give lis N of street an
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day)
B DA	(Month) (Day) (Tear)	that I last saw have alive on law 26
7 AGE		The CAUSE OF DEATH* was as follows:
(b) 6 busine which	cular kind of work  Seneral nature of industry, sess, or establishment in a employed (or employer)  LTHPLACE tee or country)  Seotland	(Ouration) yrs. 6 mos  Gontributory (Secondary)
S	10 NAME OF FATHER Julenown  11 BIRTHPLACE	(Signed) It Beeless  [Sam 27, 1914 (Address) Mt Wushn
OF FATHE (State or cou	(State or country) Williams	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
1	State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At place In the of death yrs, mos ds, State yrs, mos.
	normant, James Lloyle Address Int Washington	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BUR

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). For persons causing death, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (d) tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all respect to time and causation), using always the same accepted term for the same discase. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, persionacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerfieral peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septicharcause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

FEB 4 1914
BURBAU, V.S.

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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 S UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH  County Balto  Village or City Care Core (No. 545)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOB OF RACE MARRIED, MIOOWED, OROIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month)  (Day  (Year)	
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Constant Constant State
9 BIRTHPLACE (State or country) Balto Co Mad	Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piace In the of death yrs, mos, ds.  Where was disease contracted.
(Informant) Designation of My Knowledge	if not at place of death?  Former or  usual residence
(Address). 15 Filed 191 191 191 191 191 191 191 191 191 19	The Latrices Db 2, 191 4 20 UNDESTAKER  ADDRESS  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-



M	RITE F	LAINI	LY,	WIT	I	NEA	DIN	= 0	YK-T	HIS	15	A	ERN	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	RECOR	2	
Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	of info	rmation	shot	nld bin	0	refully	ddns /	fled.	AGE	shou	d bi	s sta	ted E	XACTLY.	PHYSICI	ANS	shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	DEATH	In plai	in te	rms,	80	that it	may	pe	proper	ly cla	Issiffe	Ġ.	xact	statement	of occ	UPAT	NO
important. See instructions on back of certificate,	See inst	tructions	S on	back	of	ertific	ate.										

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, Singl (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date atated above, at ... t day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE Secondary (State or country) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

At place	In the			
of death yrs mos	ds. State	yrs	mos.	đ
Where was disease contracted.				

Former or usual residence.

PLACE OF BURIA	LORRE	MOVAL
W. Carmel	Gen	retary
20 UNDERTAKER		1

DATE OF BURIAL

ADDRESS 3204 O'Donnell

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

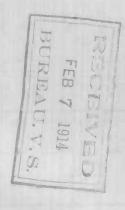
BEST OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Munager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

lesis of lungs, pneumonia"); Lobar time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) brospinal meningitis"); Diputheria term for the same disease. Examples: Cerebrospinal ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercumoninges. fever (never report "Typhoid pneumonia; Bronchopneumonia peritonacum, (avoid use of Carcin-

> mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nunt neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railicay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"



No. 1. 202

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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. should be UNFADING INK-THIS IS AGE carefully supplied. Every item of information should be carefully su GAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH

	1	PLA	CE	OF	DE	AT	ì
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

FULL NAME	W. C.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word) Marris	16 DATE OF DEATH 2/ , 1914 (Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  19 1914, to 2 1914,  that I last saw h sex alive on 2 1914
7 AGE  1 LESS than 1 day, hrs. 0 mos. 28 ds. 0R. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Masmids
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Issafee much secondary Contributory Issafee much secondary
10 NAME OF FATHER Thomas Carney 11 BIRTHPLACE	(Signed) Good (Address) Shame for
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Balto Country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) Mr. Thus Murray	if not at place of death?  Former or osoal residence //// 2h London
16 Filed fan 21 1914 Gwast Curant	St Peters Cemetery 24, 191 / ADDRESS
REGISTRAR	John I tracked 1200W hambard

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (0)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeete., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report



SICIANS should occupation is PHYSICIANS EXACTLY. classified. pino properly AGE supplied. carefully that 80 terms, pinous plain Information 5 of Inform DEATH Item OF Important. Every It m

RECORD PERMANENT THIS UNFADING INKcertificate. of WITH back 50 See Instructions WRITE

1 PLACE OF DEATH

(State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No It death occurred in -Ward) a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE DATE OF DEATH MARRIED 1917 WIDOWED (Month) ORDIVORGED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

ı	OR RECENT R	ESIDENTS)	OR F	TOSPITALE, INS	TITUTIONS,	TRANSIEN	T
	At place			In the			
	ot death yrs.		ds.	State	yrs,	mos	d

Where was disease contracted. It not at place of death?

Former or usual residence.

PLACE OF BURIAL	OR REMOVAL
77. 1 7000	1
Besly M.E.	( and elles 4)
20 UNDERTAKER	//

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foremau," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origlu; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from (Recommendations ou statement of State cause for For vio-



SICIANS should occupation is PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 4 COLOR OR BACE MARRIED, WIDOWED. ORDIVORCED (Write the word) ZIOZIO 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than f day .....hrs. BOCCUPATION AGI (a) Trade, profession, or X particular kind of work. (b) General nature of Industry, supplied. pe business, or establishment in ADING may which employed (or employer) ..... Contributory ... certificate. 9 BIRTHPLACE (State or country) (Secondary) CNF that 10 NAME OF FATHER 0 0 ARGIN terms, n back 11 BIRTHPLACE , 191 (Address) ARENT OF FATHER (State or country) pinous 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE <u>c</u> At place OF MOTHER (State or country of Inform DEATH of death ...... yrs. ..... mos. .... Where was disease contracted. If not at place of death?-OF Item usual residence. CAUSE OF Important. OF BURIAL OR REMOVAL 15 REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 33

.....Ward)

fif death occurred la a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The GAUSE OF DEATH \* was as follows: \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State vrs. mns.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many who receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid discumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrereal septichac etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BURBAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH 305  County Ballo,	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
VIIIage or City Sutherville (No. 2 FULL NAME LILL Bonn)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIOWED, OR OLVORGEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  [9]
(Month) (Day) (Year)	that I last saw halive on Helt Bone, 194
TAGE  SOCCUPATION  (a) Trade, profession, or particular kind of work  TAGE  If LESS than 1 day,hrs. or oneds. or	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory ACC Born (Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER GOODSTRY) Seedham  11 BIRTHPLACE OFFATHER (State or country) Dellimore, Ild,  12 MAIDEN NAME COF MOTHER OFFATHER LAWRO Rese	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Lullerville, Ud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informaph) (III & F. Rolese)  (Address) Littlervelle, Ild.  Filed Lan 23, 1914	Former or usual residence
REGISTRAR  If more blanks are needed, address State Registrar, 6(1)	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causlug death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (secondary or Intercurrent) \_ (name origin; "Can State cause for Examples:



CERTIFICATE OF DEATH should OCCUPATION Registered No. Ilf death occurred to PHYSICIANS ......Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MANENT 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) OZIOZ (Month) (Year) CERTIFY. That I attended deceased from ER 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at should 1 day .....hrs. OR ..... min. ? BOCCUPATION AGI (a) Trade, profession, or NX particular kind of work. (b) General nature of industry. supplied. be SERV business, or establishment in UNFADING may which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) . certifica that It 10 NAME OF FATHER 0 0 11 BIRTHPLACE (Address) terms, ARENT OF FATHER (State or country) should State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos, ... DEATH Where was disease contracted. 14 THE ABOVE IS THUE It not at place of death?. ō 10 Item usual residence mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 If more blanks are acceded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

308

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscipality of the contraction of the cont

childbirth or miscarriage, as "Pursperal scotichacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . by carbolic acid—probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms) : Mcasles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "PUEBPEBAL peritonitis," etc. tetanus) may be stated under the head "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin: "Can-State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BUREAU, V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN WRITE S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimon	CERTIFICATE OF DEATH Registered No41
	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Ithite Sangle, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 O I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	Dec. 30 1914 to Daw 18 1916
7 AGE   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Blutas neumorua (Duration) yrs. 1/2-mos. ds.
Selection of country) Baltimore les.	Contributory Cleuritie Efficient (Secondary)
10 NAME OF Frederich Is while	(Signed) Trans ds.
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of Mother Elizabeth Grenn g  13 BIRTHPLACE OF MOTHER (State or country)  Serms any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death
(Informant) John Clein aster	Where was disease contracted,  If not at place of death?  Former or  usual residence
(Address) 37/5 Foster av.	19 PLACE OF BURIAL OR REMOVAL  Jeve Com, Stemmers Ren Jaw & 1, 191 4  20 UNDERTAKER  3 ADDRESS
If more blanks are needed, address State Registrar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) It should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing draft (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-throspinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemla," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples: cause for



#### RECORD PERMANENT EXACTLY. P AGE INK led. UNFADING euppi WITH pe pinous Information 0

state Very PHYSICIANS should of OCCUPATION IS ciassified. properly pe may certificate. that 80 ŏ back terms, 50 piain Instructions 2 DEATH See 9 mportant. ы Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE S BINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month (Dav (Year) I HEREBY CERTIFY. hat I attended deseased from DATE OF BIRTH 30 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Curation) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. ÓF. KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) (a) Spinner, Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for chiidbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measics; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of The nature of the Never report



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1 PLACE OF DEATH

#### STATE OF MARYLAND

ADDRESS

CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City Ward) a hospital or Institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH cus that I last saw h. la\_ alive on .... (Day (Month (Year) TAGE If LESS than and that death occurred on the date stated above, at\_ 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) Umore (Duration) 10 NAME OF FATHER (Signed) W 11 BIRTHPLACE ., 191 (Address) India PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No..... Ilf death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, arried 1912 WIDOWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw hand alive on. (Mont) (Year) (Day TAGE If LESS than and that death occurred on the date stated above, 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE certifica Secondary (State or country) 10 NAME OF FATHER (Signed) 90 back ARENTS 11 BIRTHPLACE (Address). OF FATHER (State or country) \*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted, MY KNOWLEDGE If not at place of death?. 0 Former or OF usual residence. mportant. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER 20 REGISTRAR If more blanks are needed, address State Registrar, &E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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pnenmonia"); Lobar time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. \*\* Examples: Cerebrospinal ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., meningitis"); Typhoid unqualified. is indefinite): Tubercufever (never report "Typhoid pueumonia; Bronchopneumonia Diphlheria (avoid

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS abould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED V. S. No. 1.

Village or City Old and No.3 Provided No. 1 Provided No.	Col	1 PLACE OF DEATH 311	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41
SEX 4 COLOR OR RACE & SINGLE WASHING, WINDOWS CO. (Nonth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from only one word) of the che word) of the	Viii		The Assect St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
Contributory   Cont		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day (Year)  TAGE  (Month) (Day (Year)  (Month) (Day (Month) (Day (Month))  (Month) (Day (Month))  (Month) (Day (Month) (Day (Month))  (Month) (Day (Month) (Day (Month))  (Month) (Day (Month))  (Month) (Day (Month) (Day (Month))  (	3 SE	MARRIED, WIDOWED.	(Month) (Day (Year)
TAGE    If LESS than for fay, when the CAUSE OF DEATH * was as follows:   Occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employer (or employer)   Oname or father (State or country) Dalto Dud   One father (State or country) Delaud   One father (State or	6 DA		
and that death occurred on the date stated above, at m. f day, hirs.  OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)  BIRTHPLACE (State or country) Dalto- Dald  10 NAME OF FATHER (State or country) Paland  12 MAIDEN NAME (State or country) Paland  13 BIRTHPLACE OF MOTHER (State or country) Paland  13 BIRTHPLACE OF MOTHER (State or country) Paland  14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE  (Informant) Paland  (Address) 22 B. S. C. State Address  Application  16 General nature of industry  Secondary  (Odraktin) JTS. mos. ds.  (Signed) (Odraktin) JTS. mos. ds.  (Signed) (Odraktin) JTS. mos. ds.  State of country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Signed) (Odraktin) JTS. mos. ds.  State of Country relaxed  (Address) 32 B. S. C. State JTS. mos. ds.  State of Country relaxed  (Informant) Paland  (Informant)			that I last saw h alive on
(a) Trade, profession, or parlicular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Balto Und  10 NAME OF FATHER (State or country) Located  (Signed) (Odrahón) yrs. mos. ds.  (Signed) (Signed) (Odrahón) yrs. mos. ds.  (Signed) (Signed) (Odrahón) yrs. mos. ds.  (Signed) (State or country) Located  2 Malden Name OF FATHER (State or country) Located  12 MAIDEN NAME OF MOTHER (State or country) Located  13 BIRTHPLACE OF MOTHER (State or country) Located  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Located (Informant) Located (Informant) Located (Informant) Informant) Located (Informant) Informant) Located (Informant) Informant) Located (Informant) Information (Informant) Located (Informant) Informant) Located (Informant) Located (Inf	7 AG	of 3 If LESS than f day,hrs.	
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12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country) release  (Informant) Plee Adder  (Address) 28 8 0 11 MEANS OF INJURY; and (2) Whether Accidentally and (3) White and (3)		FATHER John. Chulow	
13 BIRTHPLACE OF MOTHER (State or country) release  (Informant) Plee Addle  (Address) 28 8 Off Addle  (Address) 39 5 Off Addle  Filed 20 76, 191 4 Off Addle  REGISTRAR  13 BIRTHPLACE OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVALY  20 UNDERTAKER  ADDRESS  REGISTRAR  REGISTRAR  REGISTRAR  ADDRESS  AT PLACE OF BURIAL OR REMOVALY  ADDRESS  ADDRESS  REGISTRAR  ADDRESS  AT PLACE OF BURIAL OR REMOVALY  ADDRESS  AT PL	RENTS	12 MAIDEN NAME	
Where was disease contracted, If not at place of death?  (Informant) Clice I added  (Address) 208 5. Oth It I susual residence.  (Address) 208 5. Oth It I susual residence.  19 PLACE OF BURIAL OR REMOVALY (CATE OF BURIAL PROPERTY OF BURIAL P	P/	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BUREAU. V. S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... fif death occurred in -Ward) a hospital or Institution. give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SHRULE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at..... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? SOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory certificate. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) jo back 11 BIRTHPLACE . 191..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. uo 12 MAIDEN NAME OF MOTHER Instructions 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State Where was disease contracted. If oot at place of death?. Former or usuai residence. Important, OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If More blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the duties of the household only (not hald Housekeepers who receive a definite salary), may be entered as it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUEBPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by-railway train-acciample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of \_ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritia The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

state	1 PLACE OF DEATH 313	STATE OF MARYLAND
v v	County Balls	CERTIFICATE OF DEATH
should si Noi		Registration Dist. No. 41
HYSICIANS of OCCUPATI	Village or Gity & Juliand (No. 326, or Full NAME Carl Fal)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
Y. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL statem	Mal.  4 COLOR OR RAGE  5 SINGLE, MARRIED, WIDOWED, WICKOWAY	16 DATE OF DEATH  (Month) (Day (Year)
E C F	Make to ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Exa	DATE OF BIRTH Law 31 1842	, 191, to, 191,
ied.	(Month) (Day (Year)	that I last saw halive on, 191
classif	7 AGE  11 LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
supplied. AGE may be prope ate.	© OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
carefully that it certifica	9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Secondary  (Signed) yrs mos ds.
should be n terms, so on back of	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
formation TH in pial	13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
tem of In OF DEA nt. See i	(informant) C	Where was disease contracted, It not at place of death?  Former or usual residence
Every il CAUSE Importa	(Address) 26 /4 W	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
Z 0	Filed 1917 PEGISTRAR	Stort Jelun Est X 2 n Bude
	11 more manks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonacum, etc., Caroin-lesis of lungs, meninges, peritonacum, etc., Caroin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



PHYSICIANS should state RECORD A PERMANENT AGE should be stated EXACTLY. BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED carefully supplied. MARGIN N. B .- Every Item of Information should be S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Balle	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Bay view (No. 1)	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of RACE Single, Married, Widowsto, ORDIVORCED (Write the word)	16 DATE OF DEATH 29, 191 (Month) (Day (Year
6 DATE OF BIRTH Unfanoron,	17 I HEREBY GERTIFY, That I attended deceased fr
(Month) (Day (Year)  AGE If LESS than	
1 day,hrs  yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Frachine of Selvis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER LINKS	(Signed) (Ouration) yrs mos M
11 BIRTHPLACE OF FATHER (State or country) Lulknon	100 30, 1914 (Address) 00000000000000000000000000000000000
12 MAIDEN NAME OF MOTHER 9	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTA) At place
OF MOTHER (State or country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
14	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Interment)	of death

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; State cause for For vio-



N. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
County Baltimar	CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City Thanks (No. 1)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nember.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SSINGLE, WHOMAN, ORDINATED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	9. Oclock July 1914, to Jame 22-3 P. 1914.
(Month) (Day) (Year)	that I last saw h. fine alive on Jan 22, 3. Pro 1914
7 AGE  1 1 LESS than 1 day, hrs. 0 Rmio.?	and that death occurred on the date stated above, at
(a) Frade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Pulmonary Boulution
State or country)  Balli 60, Mac	(Secondary) (Deration) yrs mos ds.
TATHER Davis Passel  11 BIRTHPLACE (State or country) Maryland  12 MAIDEN NAME OF MOTHER MANY J. Place  13 BIRTHPLACE	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot deathyrsmosds. Stateyrsmosds. Where was disease contracted, It not at place of death?
(Informant) 1/2 & Daughtury	Former or usual residence
(Address) 505 MA. Zunt Blog	In Place of Burial or REMOVAL DATE OF BURIAL Low Removed Comment Langelow
Filed Jan 22, 1914 AVIII Suredu REGISTRAR	albrot & Fulls multiples
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Ballings

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Never retnrn "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., dont; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medicai Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 5 1914
BUREAU. V.S.

#### PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT Exact classified. 0 Sh property AGE supplied. pe Ö may certificate. carefully that 08 ō pe back terms, should plain instructions information 5 of inform DEATH WRITE See **P** Item mportant. Every It

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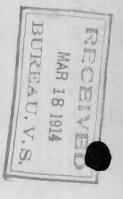
state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No... It death occurred in Ward) a hospital or Institution, give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, marrie WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory econdary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs.\_\_\_ Where was disease contracted. MY KNOWLEDGE BEST OF It not at place of death? Former or (interment) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"

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RECEIVED
FEB 5 1914
BUREAU. V.S.

Sent out for ony

RECORD ANE classified. properly AGE supplied. that terms, piain 4 of infor OF mportant. Every II

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Gounty..... Registration Dist. No... If death occurred in Viilage or City a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths hope VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIONN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State ..... ..... yrs. mos. ds. Where was disease contracted, if not at place of death? Jusual residence DATE OF BURIAL ADDRESS REGISTRAR If more blanks are peeded, address State Regis trar, 6 E. Franklis St. Belto, Requesting V. S. No. 1. asserman fost positur in To he

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death as affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. Bronchopneumonia ("Pnenmonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Turreral septichae ctc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Mara-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nsat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencle Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Tracmia," "Weakness," ... (name origin; "Can-"Exhaustion," Never report Examples: For vio



No. τ'n

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City beginning (No. 311) Registration Dist, No. 31  [If death occur a hospital or ins give its NAME of street and nut	stitution, Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Windowed (Month) (Day (Write the word)  16 DATE OF DEATH  (Month) (Day (Month) (Day (The consequence of the consequence of th	1914 Year
6 OATE OF BIRTH	1914.
(Month) (Day (Year) that I last saw have allve on Stara /6,	191
If LESS than t day,hrs.    Proceedings of the date stated above, at the cause of the date stated above, at the cause of DEATH* was as follows:	.m.
(a) Trade, profession, or particular kind of work.  Referred  Branchofuser	ia
(b) General nature of Industry, business, or establishment in which employed (or employer)mos	ds.
Secondary  Secondary  (State or country)	de
10 NAME OF FATHER Not (Signed) (Signed) (Signed) (Signed)	as.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL.	ULLA VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS	
13 BIRTHPLACE OF MOTHER (State or country)  State or country)  Office of death	
(Informant)  Where was disease contracted, if not at place of death?  Former or usual residence.	
(Address) 130 / Date of Burial or REMOVAL DATE OF BURIA 15 Landon / Complete Jan 19 Filed au ) 8 191 Landon / Complete Jan 19	, 191_ <u>/</u>
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	651

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illdutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. catcd thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendatious on statement of "Dropsy," "Exhaustion,"



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 320	STATE OF MARYLAND
County Sallymore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hereleland (No. 3/7)	B rec [If death occurred in
Village or City (No. 9)	St.; Ward) a hospital or institution, give its NAME instead
2 FULL NAME Patherine 4 /2	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, MANUAL	16 DATE OF DEATH / CANADAN 21 , 1914
Femule While (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
mar. 14 1835	1918, to fleth Marsh 191 4
(Month) (Day (Year)	that I last saw h all allve on Allve on 1914
1 day hrs.	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or	12 glat Deserve
particular kind of work  (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Durafion) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory
(State or country)	Secondary (Quration) yrs mos ds
10 NAME OF FATHER	(Signed) yrs mos ds.
11 BIRTHPLICE	
11 BIRTHPACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISPASE CAUSING DESTRICT OF AN ANALYSING
Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENG- CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL,
minoson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds Where was disease confracted,
(Interment) Martin Ifferse	It not af place of death?
315	usual residence
(Address) (Addre	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jaw 34 191 4 Coff Ganalian	20 UNDERTAKER ADDRESS
REGISTRAR	John Herwagor & 2008 Polonin
If more Manks are needed address State Postet	

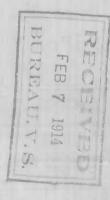
egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., eausing death, state occupation at beginning of iligainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: "Foreman," (6)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgices operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion,"



state Very

#### pinous Registration Dist. No. OCCUPATION PHYSICIANS St .: Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ENT 16 DATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE Weden ERMAN WIDOWED. Write the word) 6 DATE OF BIRTH stated classified. (Year) (Month) (Day) 7 AGE If LESS than pinous 1 day, .....hrs. OR ..... mio. ? properly SOCCUPATION AGE (a) Frade, protession, or noul INK particular kied of work (b) General nature of industry, supplied. pe business, or establishment in ADING may which employed (or employer) ..... Contributory FU. certificate. 9 BIRTHPLACE (State or country) carefully that it UNF 10 NAME OF FATHER 80 of pe 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) pinoda uo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL plain OF MOTHER Instructions information OR RECENT RESIDENTS 2 13 BIRTHPLACE At place OF MOTHER (State or country DEATH See of OF mportant. Every ite 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilt death occurred in a hospital or institution. give its NAME lostead of street and number. 7

Ballunon Mix

(Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at... DEATH\* was as follows: Mulancholia 4003 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DATE OF BURIAL (our ball had ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative iscalthfulwho receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," 6

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V. S. No. 1.

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91113	
1 PLACE OF DEATH 322 County Balts	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Fulleston (No asuft	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Thits Single, MARRIED, Malower ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
Fage Stran 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 3 yrs mos ds.
BIRTHPLACE (State or country) Eurofil	Secondary Courting As alalism (Duration)
10 NAME OF FATHER JUNE OF MAINTENANCE OF FATHER (State or country) CLASSIC OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER O	(Signed) , M. D.  (Address) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Perfection  13 BIRTHPLACE OF MOTHER (State or country) Europh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs,
(Informant) Service To the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
Filed Jan 14: 1814 Mr. Fr Colarton	amp Chafel Cemetery Jan. 1313.
If more blanks are needed, address State Registran	Tredk Lassam sors fulleron Ind-

in St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH 317	STATE OF MARYLAND
County Galtemore	CERTIFICATE OF DEATH
S/	Registration Dist. No. 43.
Village or City Hamilton (No.	St.; Ward)  [If death occurred I a hospital or institution give its NAME instea
* FULL NAME Harriet 6W got	eff Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Opposer of	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 191
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at
B OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) pyrs mos 9 ds
9 BIRTHPLACE (State or country) Bales had	(Secondary)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER Pulley  11 BIRTHPLACE  9	(Signed) , M. D. And Constant (Address) Hamilton 977
Z OF FATHER (State or country fall of Co M)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds.
(Informant) Mis Dule	Where was disease contracted, If not at place of death?  Former or
(Address) Holulton Bolts h)	19 MACE OF BURIAL OR REMODAL DATE OF BURIAL  THE SAME OF STREET OF SAME SAME SAME SAME SAME SAME SAME SAME
Filed Jan 18. 191 4. W. Fr. Colayton.	20 UADERTAKER ADPRESS BALL MAS
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease of values of death—Name, first, the disease causation with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-vrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acct-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronia eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for



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1 PLACE OF DEATH

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Registered No.

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State Registrar, 6 H, Franklin St., Balto., Requesting V. S. No. 1.

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OR ..... min. ?

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of ago. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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sepsis, tetanus) may be stated under the head of ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "FUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senlie," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma: etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: cause for For vio-



V. S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF Important. N. B.-Every

(10	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fluale Color or RACE Single, MARRIED, Wilden or DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
May 5 1833	2010 14 181B, to Jan 15 1914.
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
© OCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PEIRTHPLACE  (State or country)	(Ouration) 2 yrs. mos. ds.  Contributory alle app. astherica,
OF TATHER WICKALL FOX	(Signed) Washall Burst M. D.  Jan 16, 1914. (Address) Catourelle
12 MAIDEN NAME OF MOTHER Wadrdsline Hoffware  13 BIRTHPLACE OF MOTHER (State or country)  Service of Mother (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death yrs, mos, ds
(Informant) Cathern Kolo,	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Colourelle Mig 15 Filed Jaw 16 1914 Waishall Blurst REGISTRAR	Sea I School & Bro 2101 Fred Rev

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Serrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman," (6)

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH	STATE OF MARYLAND
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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 91	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Munual	16 DATE OF DEATH
	terrae While WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day) (Year)
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	(Month) (Day) (Year)	that I last saw h alive on file. 19 191
TAC		and that death occurred on the date stated above, st. 9 m.
	le le yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
8 0	CCUPATION	Organia Bran Denero
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9 BI	RTHPLACE	Contributory Exhaust
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	10 NAME OF	nus
	FATHER - SEPECULARY - VOLE	(Signed) M. O.
TS	11 BIRTHPLACE OF FATHER	, 191 (Address) Heffel Calvosville Mig
ARENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	informanti Edisa de Roster	If not at place of death?
(	1003 W CL 74 11-62	usual residence
	(Address) Wow	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1- 20 1 a ast 16	75 Peleroling 10 Yany 21, 1914
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	REGISTRAR	Coff Millelliel /2011/ Tartt
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STATE OF MARYLAND 1 PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 1915 WIDOWED, Marrie (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from OF BIRTH allve on (Month) Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ... yrs./0 State Where was disease contracted. 14 THE ABOVE ISTRUE KNOWLEDGE If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL an 15 20 UNDERTAKER ADDRESS REGISTRAR

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STATE OF MARYLAND state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist, No... Ilt death occurred in St.;....Ward) a hospital or Institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDDWED, Married ORDIVORCED (Write the word) (Day) ! HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe 7 AGE It LESS than and that death occurred on the date stated above, at should 1 day, .... hrs. The CAUSE OF DEATH \* was as followa: OR ..... ? mos. properly AGE, BOCCUPATION (a) Trade, profession, or NX particular kind of work. supplied. (b) General nature of industry, be business, or establishment in ADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary = that 10 NAME OF 80 o be back (Address) 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain DEATH in plain OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS 0 DR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State ..... yrs, ..... mos, ... ...... yrs. ..... mos. ..... ds. Where was disease contracted. it not at place of death? ō Former or Item 10 usual residence mportant. Every It DATE OF BURIAL 15 œ. REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoists of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "l'unnement sentichaemus," "Old Age," "Shock." "Traemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia Accidental drowning; Struck by railway train—acct such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vic-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Colianse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all discases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples: 01



#### 7. S. No. 1.

#### RECORD PERMANENT UNFADING WRITE

PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH Registration Dist. No., OCCUPATION Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properl BOCCUPATION (a) Trade, protession, or particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in (Duration) No yrs. 2 mos. 2 ds. which employed (or employer) ..... certificate Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 90 back PARENTS Wuws 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. DEATH State ..... yrs. .... mos. ... Where was disease contracted. KNOWLEDGE It not at place of death? 0 Former or Item OF usual residence. Important. Every It OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synodym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart fallure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (secondary), 10 ds. State cause for Never report



state

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

of street and number. ] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Year) I HEREBY CERTIFY. That I attended deceased from alive on and that death occurred on the date stated above. The CAUSE OF DEATH \* was as follows: (Duration) Contributory econdary (Signed \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place 4 In the of death yrs. Q State Where was disease contracted. If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 20 UNDERTAKE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Panklin St., Balto., Requesting V. S. No. 1.

7. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Curein-

valvular heart disease; Chronic interstitial nephritis. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



V. S. No.

N. B.-

PLACE C	OF DEATH 330	16	STATE OF MAI CERTIFICATE O	
Village or City	Black Pock (No	Selw	Registration Dis	Tit death accurred in
PERSONAL	AND STATISTICAL PARTICULA	ARS /	MEDICAL CERTIFICATE O	F DEATH
Male 7	OLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the wo	Irdoire	, (Month)  17 I HEREBY CERTIFY, That	
7 AGE 8 OCCUPATION	(Month) (Day  yrs 6 mos 6 ds.	(Year)  It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated The GAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work (b) General nature of indu business, or establishmen which employed (or employed (State or country)	t in er)	nes	Some Dell	yrs mos de
THE PATHER OF FATHER (State or cou	nedelick Sal	do,	(Signed) 6 day M. B.	in deaths from Violent dd (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or cou	7.000	dels,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the ot death	INSTITUTIONS, TRANSIENTS,
	1914 Thurstead M	CA HILL REGISTERS	it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  July Control of the contr	pate of Burial Jan 20 , 1914 ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cssary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection necd not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-



STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar insemnata; Bronchopneumonia ("Pneumonia"); Lobar insemnata; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples:



	CORD	SICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRIT	N. B.—Every item of GAUSE OF DE Important, See

	1 PLACE OF DEATH 332	STATE OF MARYLAND
County Baldin re		CERTIFICATE OF DEATH
		Registration Dist. No. 38
Vill		St.; Ward)  [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
FULL NAME S. Mary Leon arda		da Schweilert
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	emale White Single Write the word)	16 DATE OF DEATH Jamary 31 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH		
	upil 21 1857	
7	(Month) (Day (Year)	that I last saw h. M. alive on January 28, 1914
7 AC	GE If LESS than t day,hrs.	and that death occurred on the date stated above, at 9 4. m,
3 7 yrs 3 mos / 0 ds OR min.?		The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.		3 pinal Selessis
(b) General nature of industry, business, or establishment in		about yrs. 6 mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  Buin Reform  1. 4		Contributory Bijalts disease
-	(State or country) Beig blow, M. Y.	2 weeks (Duration) yrs mos ds.
	FATHER Charles Schweikert	(Signed) Dolus S. Green, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)  Lewany	San 31, 19t 4 (Address) Gillings, Und
PARENTS	12 MAIDEN NAME OF MOTHER Cafferine Works	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Service any	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?
(Informant) Dr. John S Green		Former or Lowson Md.
(Address) Gillings Md 1		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Notch Cliff Friend Con Feb 2 , 1914
Filed Vel 1919 Claud June (m V 20 UND		20 UNDERTAKED ADDRESS CAR CAR CAR
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

> mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report



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CAUSE OF Important.

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PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (it death occurred in St.:...Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR DR RACE 3 SEX MARRIED, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH . 191 ...., to..... that I last saw h...... alive on ..... (Day) (Month) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: ....min. ? Embolus Carry west on old BOCCUPATION (a) Trade, profession, or particular kind of work ... (b) General nature of industry, business, or establishment in (Duration) ...... yrs, ..... mos... which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER ., 1914 (Address) Will to PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. mos. /- ds. State all vrs. Like Where was disease contracted. It not at place of death? usual residence.. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, & E. Franklin/St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomcnclainjury, as fracture of skull. and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage. as "Pursperal schichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic vma. sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Maras-Bronehopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," (Recommendations on statement of State cause for Never report Examples: 00



SICIANS should occupation is PHYSICIANS RECORD RMANENT PE AGI INK supplied. FADING may certifica that It 80 90 terms, n back pinous plain See Instructions Information 2 DEATH of Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in St: .....Ward) a hospital or Institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINOLE. SEY 4 COLOR OR RACE WIDOWED, Marrell (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from S DATE OF BIRTH that I last saw her alive on fun 20, 1914 (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at /2. m. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) 3 yrs which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER OF FATHER (State or country) ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ..... yrs. .... mos. .... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death?\_ Former or usual residence DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the nisease causing death (the primery affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purprenar septichacture of the American Medicai Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetunus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin: "Can Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

11:	1 PLACE OF DEATH 335	STATE OF MARYLAND
/c	ounty Baltimore	CERTIFICATE OF DEATH
1	Village or City Roland Park (No. Popla	Hill Rus To Registered No. [If death occurred is
'	Village or City Wan Jark (No. Jopha	give its NAME lostead
	* FULL NAME ATThur Dee Chr	est street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 s	ex 4 color or race 6 smels, marries whose white (miss the word)	16 DATE OF DEATH  (Month)  (Day)  (Tear)
6 0	Jany 164 1868	17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day) (Year)  GE   If LESS than	that Vast aaw h. W.M. alive on Jan D , 191 4
	# 5 yrs // mos. // ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
10	CCUPATION ) Trade, profession, or fluid kind of work Engineer	Pulmariay & Largue
(b) bus	General nature of industry, class, or establishment in lich employed (or employer)	(Duration) / yrs mos ds
9 B	IRTHPLACE tate or country) Talkatt Co. md.	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
	10 NAME OF Thamas I. Threve	(Signed) Men M. O.
TY	11 BIRTHPLACE OF FATHER (State or country)	Jace 4 , 1914 (Address) 100 / Cookers 72
ARENT	12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
147	Informant, Harriett & Threve	Where was disease contracted, If not at place of death?  Former or
	(Address) Poplar Hill Roav	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6 Fil		Drud Redge Jamy 6, 191.
-	REGISTRAR REGISTRAR	Gold Milehell 1201 W. Taxilles
	at more vinues are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

childbirth or miscarriage, as "Purpreral septichac-mia," "Purpreral peritoritis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. which surgical operation was undertaken. For viooma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 336 Junty Palls	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30
Vi	*PULL NAME Lulius all	ther South [It death occurred in a hospital or institution give its NAME losteau of street and nomber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I sttended deceased from  1914
	(Month) (Day) (Year)	that I last saw h Malive on for 7 , 191 h
7 AG		and that death occurred on the date stated above, at
par (b) busin	Trade, profession, or ficultural field of work.  General nature of Industry, mess, or establishment in the employed (or employer)  RTHPLACE tate or country)  Casaic Cas. Carellel	Contributory (Secondary)
PARENTS	10 NAME OF FATHER CITCHER Smith  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Sulice Pheels	(Signed) Sur State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, It not at place of death? Former or usual residence.
15 File	(Address) 4 4 Willies all  ad Jan 10, 1914 Walshall Blush  BECISTRAR  DIS more blanks are needed, address State Registra	19 PLACE OF BURIAL OF REMOVA PATE OF BURIAL WES UND PATE OF BURIAL 20 UNDERTAKAR COURT OF WINTER

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scptichac-"Heart failure," "Haemorrhage," "Inanition." "Marascause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Aiways qualify all diseases resulting from "Senlie," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-The nature of the State cause for Never report Examples: FOF VIO-



V. S. No. 1.

N. B.

It death occurred in
Village or City (No. St.; Ward)  *FULL NAME Dowthy Swa Snider  *FULL NAME Dowthy Swa Snider  **Tull NAME Swa Snider  **T
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE MARRIEO, MARRIEO, WIDOWED, ORDIVORCED (Write the word)  16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) that I last saw hell allve on Jan 2 1914
7 AGE  if LESS than and that death occurred on the date stated above, at . 3-30 Qm.,  1 day,hrs.  The GAUSE OF DEATH * was as follows:
Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country)  Phoenix And (Secondary)  Contributory (Secondary)  (Secondary)  (Secondary)  (Secondary)
10 NAME OF FATHER anthony Inydes (Signed) Bin Shumantine , 40.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER O
13 BIRTHPLACE OF MOTHER (State or country)  19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE In the ot death yrs, mos. ds. State yrs, mos. ds.
(Informant) AM Shurmanting to The Best of My Knowledge  (Informant) AM Shurmanting to The Best of My Knowledge  (Informant) The Best of My
(Address) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Olympication Cen Jan 5, 1912
Filed Jan 5, 1914 He J-Payne M. 4 20 UNDERTAKER    Day   REGISTRAR   Physical Brooks   ADDRESS     If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (d) Cotton mill; (a) Salesman, (d) Grocery: (a) Foreman, (d) Automobile factory. The tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head—homicide; Potsoned by carbolic acid—probably suicide. The nature of the ture of the American Medical Association.) sensis, tetanus) may be stated under the head or injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purepread septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition." "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

S. No. 1.

County Daimer (1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 43
Village or City Minul (No. No. No. No. No. No. No. No. No. No.	St.; Ward)  [If death occurred In a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWED, WOONELL OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw hims allve on Am 17 ,1914
TAGE If LESS than	and that death occurred on the date stated above, atm,
f day,hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) Trade, profession, or particular kind of work.	Joseph James Xibba
(b) General nature of industry, business, or establishment in which employed (or employer)	Obrible 2 (Ouration) yrs 8 mos. ds.
State or country) Baltimol	Contributory Menumera
10 NAME OF FATHER (Idam) Inyoles	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	A John Aby Division (Address) American Charles
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mary Sny der	Former or Usual residence.
(Address) Madry Che Bamilton	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 19, 1914 Jr. Fr Colayton	20 UNDERTAKER / ADDRESS P
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



No. vi

state very

pino si k	G	ounty		
PHYSICIANS should of OCCUPATION IS	v	illage or City Hal		
of oc		FULL NAME		
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TLY.	3 SE	x 4 COLOR O		
EXAC	1	hale Cot		
stated Exact	6 D	ATE OF BIRTH		
pe	7 AC	7 F		
classified		31		
AGE sh	(a) par (b) busi whi	Trade, profession, or ficular kind of work  General nature of industry, iness, or establishment in che employed (or employer)  RTHPLACE tate or country)		
that it	(6)	10 NAME OF FATHER		
terms, so on back of	RENTS	11 BIRTHPLACE OF FATHER (State or country)		
mation i in plain ructions	PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)		
em of inior OF DEATH it. See insti		THE ABOVE IS TRUE TO TO		
-Every CAUSI Import	15 File	(Address) Was		
œ				

PLACE OF DEATH  Sounty Baltimore  illage or City Halethorpe (No. Wal	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  S SINGLE, MARRIEO, WIDOWEO, OR O) VORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 31, 1914.
(Month) (Day) (Year)	that I last saw h malive on fan 8 ,1914
If LESS than	and that death occurred on the date stated above, at
Trade, profession, or Carly Suborus  General nature of industry, I	(Duration) yrs. 5 mos. us.
RTHPLACE tate or country)  The country of the count	Contributory (Secondary)  (Duration) yrs mos ds
10 NAME OF FATHER TO WILL SWITCH STATE  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Moley Hoog M. D.  LA 3 , 1914 (Address) 729 Columbia and *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	TAL SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, It not at piace ot death? Former or ** usual residence
ed Feb. 3, 191 + F. Huhl	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  7. J. 3., 191 4  20 UNDERTAKEN  ADDRESS  142 UNDERTAKEN
If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is necness of various pursuits can be known. The mestion tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

affection need not be stated unless important. injury, as fracture of skull, and consequences (e. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal soptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin: "Can death), 29 Never report FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	STATE OF MARYLAND
12 attens	CERTIFICATE OF DEATH
Sounty (1) accord	Registered No. 3
Village or City Derrumillo (No.	St; Ward)  [if death occurred in a hospital or institution give its NAME instead of street and number.]
FULL NAME (UCHEL)	gurjus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fencel White Single, Married, Married, Whote Owner, Willowson, Married (Write the Word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Left 1549  (Month) (Day) (Year)	that I last saw he sally on 2 and 2 3 191 4
6 4 yrs. 4 mos. O ds. ORmin.?	and that death occurred on the date stated above, at 2.20m. The CAUSE OF DEATH* was as follows:
OCCUPATION a) Trade, profession, or articular kind of work	(aukgris (Kunglegia)
a) General nature of Industry, usiness, or establishment in which employed (or employer)  BIRTHPLACE State or country)	(Ouration) yrs mos 2 7. ds.  Contributory Pulsury Olding.
10 NAME OF Richard M. Sherley	(Signed) Les Av fruit , M D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicinal.
OF MOTHER Not Reserved.  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,  If not at place of death?  Former or
(Informant) Charles Postage Ind.	Usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ZOUNDERTAKER ADDRESS
Filed Jac 24, 191 4 H John REGISTAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons pess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Greecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In a fection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify aii diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU.V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

replace of DEATH 341  County Baltamole  Village or City Colgate (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
2 FULL NAME Elizabeth 4	Stengel of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale White (Write the word)	(Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIRTH  (Month) (Day) (Year)	that I last saw her alive on June 4 1913
7 AGE  (Month)  (Bay)  (Toat)  (If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 2.30 Am, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Country  State or country	Contributory Sylvinstern (Secondary)
10 NAME OF RATHER RESIDENT TO SEEL OF FATHER RESIDENT TO SEEL OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OTH	(Signed) Journal Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
12 MAIDEN NAME Clipa Bussell 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Steller Steller	Where was disease contracted, If not at place of death? Former or usual residence
(Apóress). Colgato, Michael Filed 1916, 1914 1/6. M. Sunhau REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  POULUM FACK COM PUR 191. 4  20 UN DERTAKER  ADDRESS  1739 & Cogu
If more blanks are needed, address State Registra	r, 8 ft. Franklin St., Bayto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons The

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epideniic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acotsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary); 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. Exvalvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for Examples:



No.

#### RECORD PERMANENT XX UNFADING should

properi supplied. of back See Instructions plai 2 DEATH ō OF mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.;....Ward) a hospital or lostitution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) Single (Month) (Da (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw ham alive on kan (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) \_\_\_\_ which employed (or employer) -----BIRTHPLACE Contributory ..... (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENTS (Address) Dr. alling OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place 3hrs In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ... Where was disease contracted. 14 THE ABOVE IS If not at place of death? osual residence 16 DADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2101 Frederick RD

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or interenrent) tctanus) may be stated under the head (Recommendations on statement of Never report



	RECORD	PHYSICIANS should state of OCCUPATION Is very
V. 5, No. L.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

county Bollinon	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
VIIIage or City Catorinelle (No. 16 W) 2FULL NAME Florence V Ste	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Que 17, 1914. ((Month) (Iliy (Year))
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw here alive on the last saw here
7 AGE  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Calourulle Md.	Carcinoma of Soupert  (Duration) yrs 3 mos ds  (Contributory Hemoritage from Stomast
10 NAME OF FATHER COME JULIEU,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Zuanall Burst , M. D. A. 1914. (Address) Councille May  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Nol	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) Walter June .	Where was disease contracted, If not at place of death?  Former or usual residence
Flied au 18 1914 Marshall B. Wiff REGISTRAR  If more blanks are needed address State Pouris	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOW LOW 1914  ADDRESS  CALONVILLE  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home; and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report Ex-



SICIANS should OCCUPATION IS PHYSICIANS RECORD ANENT PE cia prope supplied. may 0 back termi Instructions Information 5 of Infor item OF mportant. Every it B ż

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

I'll death occurred in ....Ward) a hospital or Institution. give its NAME instead of street and number. 1 mcGullows MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Single 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 an 27, 1914, to Jam, 37 afflered acy legt tall 191 (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1-9, m. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR .... min. ? Bractory Scull Courses BOCCUPATION Bung throws Hu an (a) Trade, profession, or particular kind of work... lutoristil on Chas It are Esting (b) General nature of industry, Custautaueous (Duration) yrs. mos. business, or establishment in which employed (or employer) ...... lutomobil accelant thrown Contributory ( State or country) (Secondary) (Duration) 10 NAME OF (Signed) Lecu 77, 1914 (Address) / Low Ins 11 BIRTHPLACE Z \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country ш CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ...... mos. .... ds Where was disease contracted if not at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIA 15 29 UNDERTAKER ADDRESS Filed. /.

If more blanks are needed, address State Regis trar, 6 K. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and Americal Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cofton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

childbirth or miscarriage, as "Puraperal scptichaeinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malig The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



UNFADING INK-THIS

PLAINLY, WITH

See Instructions

CAUSE OF Important.

8

S. No.

PHYSICIANS should state of OCCUPATION Is very

statement

stated

RECORD

PERMANENT

1 PLACE OF DEATH

County Baltimore

345

STATE OF MARYLAND CERTIFICATE OF DEATH,

Registration	Dist.	No

Village or City St. agrees 2 for Notal,	Swefney St.; Word	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, DRODVORCED (Write the word) Small	16 DATE OF DEATH  Sionth)  17 I HEREBY CERTIFY, That	(Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	Och. 16, 191.3, to Ja	w. 16 , 1914
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at le 15 a, m
particular kind of work	Contributory Acuts deliberty	yrs mos d
10 NAME OF FATHER 20 not know.  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Walting Ostraclar	no Noopitut
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; AT TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OF REGENT RESIDENTS) At place in the of death yrs. 3 mos. ds. State.	, in deaths from Violen and (2) whether Acciden
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence. 2 3 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ity St
(Address) 2.3.4. n. Amity St. 16 Filed Jan 17. 1914 Geo astwarf	19 PLACE OF BURIAL OR REMOVAL St Cetus Cametary 20 UNDERTAKER	DATE OF BURIAL JAN 19, 191 4

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inapition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report For VIO-



U

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 346	STATE OF MARYLAND
County Patlemene	CERTIFICATE OF DEATH
0 -1	Registration Dist. No. 30
Village or City Calensvillo (No. Officer 2FULL NAME Paracy &	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 24, 1914 (Month) (Day (Year)
6 PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Japa 15 1864	that I last saw he alive on Jen 23 191 4
7 AGE (Mobth) (Day (Year)	and that death occurred on the date stated above, at 7,300m,
yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	lealul Syphilis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs o mos ds.
9 BIRTHPLACE (State or country) Muss land	Secondary (Duration) vrs mos ds.
10 NAME OF THERE THERE TO HERENDE.	(Signed) MCM Rule M. D.
State or country) Maryland.  12 MAIDEN NAME OF MOTHER CLASS OF STATES.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
of MOTHER Clean Plane C	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)  M. M. Land	or RECENT RESIDENTS)  At place 2 In the of death 2 yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Coward M Sweeter	Former or Bulle, Much
(Address) /325 Musher St. Cel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 24, 1914 Marshall B Work	20 UNDERTAKER ADDRESS CAS SULTA
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," ctc., without more precise speciduties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae thenia," "Anaemia" (mcrely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report ample: Meastes "Contributory." is less defiuite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," The nature of the "Exhaustion,"



WRITE

STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS shoul Registration Dist. No. Ilt death occurred in St.: Ward) a hospital or Institution, RECORD give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3.SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. WICOWED, (Month) (Dav (Year) OR OLVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day hrs. The CAUSE OF DEATH \* was as follows: ...min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory & MU VIS MU MOS 10 NAME OF FATHER 00 back 11 BIRTHPLACE Louis 191 ... (Address) terms, PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, See Instructions OF MOTHER plal 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country DEATH State ..... yrs. \_\_\_\_ mos. ..... Yrs. ..... mos. ..... Where was disease contracted. It not at place of death? of Former or 9 osual residence mportant. Every It PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy." "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of the head Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No... If death occurred in .Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the work I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH . 191 ..... to alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State ..... yrs, \_\_\_\_ mos. \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St. Ralto., Requesting V. S. No. 7.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinlte salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Icsis of lungs, pnenmonia"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-"Cronp";) Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Lobar pueumonia; Bronchopneumonia unqualified, is indefinite): Tubercumoninges, peritonaeum, etc., Diphtheria (avold use

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Can mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopnoumonia (secondary), 10 ds. ample: is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstiou," Nercr report



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A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE

	Bolymon Med	STATE OF MARYLAND CERTIFICATE OF DEATH	
Cou	inty	Registration Dist. No	
Vill	age or City WAHONE RetrEs Mit	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE SINGLE, MARRIED, Married Wilowed, ORDIVORCED (Write the word)	(Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from	
8 DA	July 6th, 1872	Och 27 191 to Jen 3rd 1914, that I last saw how alive on Jen 3rd 1914	
7 AG	(Month) (Day (Year)    If LESS than	and that death occurred on the date stated above, at at 4 30 m.  The CAUSE OF DEATH* was as follows:	
(b) busin	Trade, profession, or Francisco John John John John John John John Joh	Constitutory Malanchalen Secondary	
TS	10 NAME OF FATHER W. S N Douge	(Signed) Frank of Country (UI), M. D. Jan 3rd, 1916 (Address) Ut Hope my	
PARENTS	(State or country) Ballium WA  12 MAIDEN NAME OF MOTHER Laura Daylor  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
14 TI	OF MOTHER (State or country) Baldwon W. L.  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place 2 yrs. 3 mos. ds. State 2 yrs. 3 mos. ds  Where was disease contracted, 3 c. f. 5 c. 8 c.	
(1	Informant) Records Wet Stope Retricas	Former or usual residence. Bashou &C.	
16 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Belling  20 UNDERTAKER  ADDRESS  Belling  Be	
	If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for For VIO-



N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 4/
2 FULL NAME Poshus B.	St: Ward)  [It death occurred I a hospital or Institution give its NAME lostes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Insle White Single, MARRIED, WIDOWED, DWGLE, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1914.
7 AGE (Month) (Day) (Your Page 11 LES 1 day,	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Balth. Co.	Contributory Chronic Republic  General but of the secondary (Deration) yrs mos os
11 BIRTHPLACE OF FATHER (State or country) Bolto. Ca	(Signed) & 6- Mesholo M. D.  1-7-4 ,1914 (Address) Pulcivolus M. D.  *State the Dismass California Dismass of the death from Management of the death from Management of the death of the Management of the Manage
12 MAIDEN NAME Sophie Bosley 13 BIRTHPLACE OF MOTHER (State or country) Balta. Co.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.
Informant) Pikesvelle  (Address) Pikesvelle	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flood face 78th 1914 King G. Naylo	Sh Charles Cemetery Can 291, 1914

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necness of various pursuits can be known, who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) Salcsman, (b) The question "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," childbirth or miscarriage, as "Purrperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin: "Can-"Exhaustion," Examples: For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in ....Ward) a hospital or institution, give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWEO, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH 1914/ to (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at. 1 day hrs. OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address). 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_.... Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death? Former or usuai residence. DATE OF BURIAL lew. Bally. 15 20 UNDERTAKER Varidson If more bisnks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: The question

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cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Turrement septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Ii art failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock." Always quality all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Tracmla," "Weakness," (name origin; "Candeath), 29 ds.: Examples: For vio-



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PLACE OF DEATH 352	STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Catonsville (No. 1	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE Single, MARRIED, Married WIDOWED, OR DIVERGED (Write the Word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17 / A   HEREBY GERTIFY. That I attended deceased from
B DATE OF BIRTH	luly 10 1912 to lan 24 1914.
July 4 , 1884	that I Mat saw har allye on 1914
7 AGE (Moh) (Day (Year)	
30 yrs	and that death occurred on the date stated above, at
6 OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Bulmanay Zuberenlases  (Duration) / yrs mos ds.
9 BIRTHPLACE (State or country) Marylond	Secondary
10 NAME OF Alfred June on	(Signed) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or Country) Manyland  12 Main NAME OF MOTHER	*State the Disease Coloubulle Wed  *State the Disease Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER COLLEGE HE	
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A1 place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(interment) Slage To the BEST OF MY KNOWLEDGE	it not at place of death?  Former or usual residence
(Address) leatonsmille Balti (	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Can 24 1914 marshall Blood	NEW. J. O. U. J. Cemetry 27, 191 4
Filed an 24, 1914 Marshall BWIST REGISTRAR	Caston Sons. Ellion White

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial cuployments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yes.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canchildbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio



si,

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS pinous AGE carefully supplied.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospifal or institution, give its NAME instead

	FULL NAME Conf.	ut street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 2 8 19
35	Ruoun Acce S single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED Wirite the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191,
	(Month) (Day (Year)	that I last saw h allve on
7 A	lukmann f day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	Trade, profession, or ricular kind of work  General nature of industry, liness, or establishment in lich employed (or employer)	Judays June 5 day 12 fa st. Lagon 12 gda of fan 14 (Duration) yrs. mos. 6s.
	IRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER	(Signed) (Ouration) yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF IN doa the Grow VIOLENCE
PARE	12 MAIDEN NAME OF MOTHER	*State/the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds
	(Informant)	Where was disease contracted, If not at place ot death?  Former or usual residence
15	(Address)	Schwartz Cen, Date of Burial
FI	ed / 98, 191 + 11 Challe Gunaray REGISTRAR	20 UNDERTAKER Bull 403 S. S. S. S. S. L.

[Approved by U. S. Censns and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) "Dropsy," death), 29 ds.; State cause for "Exhaustlon," For vio-



V. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

3	94/1	
PLACE OF DEATH	(1/1/1)	STATE OF MARYLAND
County Balto	N.S.	CERTIFICATE OF DEATH
1/3 //	The state of the s	Registration Dist, No.
Michael Michael	doma 8/11	Cartain Elf death occurred in
Village or City Augman	1 (No. () 1-4,	St.; Ward) a hospital or institution, give its NAME instead
	John We	of street and number.]
* FULL NAME		
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF RACE	SINGLE, MOLLE	16 DATE OF DEATH Janusary 30 W 1914
Mall White	widowed, While the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	The the words	17 I HERENY CERTIFY, That I attended deceased from
Llec	12 1850	1910, to fall 30 My914,
(Month)	(Day) (Year)	that I last saw h MM alive on Jan 90 W 1914
7 AGE	If LESS than	and that death occurred on the date stated above, atm,
6.3yrs. 1 mos.	7	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	1 0	
(a) Trado, profession, or particular kind of work	from	Hophretis more
(b) General nature of industry, business, or establishment in	Whi	The state of the s
which employed (or employer)	Horner	(Duraflon) yrs. mos ds.
9 BIRTHPLACE (State or country)		(Sycondary)
long		Conco (Duration) frs mos ds.
10 NAME OF FATHER	1/00/	(Signed) Statt of Stirfe N. D.
M 11 BIRTHPLACE	10 gr	Jan 31, 1914 (Address) 100 / Lakewood are
State or country)	nd	*State the DISEASE CAUSING DEATH, OF In doubts from Vicinia
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	6	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a	Rnom	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	nd	At place In the
14 THE ABOVE IS TRUE TO THE BEST O	FMY KNOWLEDGE	of death yrs mos ds, State yrs, mos ds, Where was disease contracted,
Today N		If oot at place of death?
Informant, Canada		usual residence
(Address) 614 S. 6	ast flux	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16(00) MG	mo of	War Lann leim, tel 2, 1914
Filed Fiet 1 1914 101	1/ Vanahan	20 UN BERTAKER ADDRESS 2016
	REGISTRAR	they Henry alleans &
If more blanks are nee	ded, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer" As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) -Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

¹ PLACE OF DEATH	STATE OF MARYLAND
Bolt:	CERTIFICATE OF DEATH
County Limory	Registration Dist. No. 41
Village or City Fighlandtown (No. 708 8.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah Thite Single, windowed, windowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Jaw. 7 1914 (Month) (Day (Year)
DATE OF BIRTH  Jaw. 9 9/4  (Month) (Day Year)	that last saw h
7 AGE It LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 5.30 P.m. The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Stel best (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Baltimon leo.	Contributory Thrombours of Cond Secondary (Ouration) yrs mos ds.
10 NAME OF John Magner.	(Signed) The Meaning, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  May Denn	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Baltimon Cety.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 708 p. Setth St.  16 Filed Day 3, 1914 Clase. Mc Claude	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER
If more blanks are needed, address State Regist	Tilly & J Surv. S. Colly trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Parmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucessis of lungs, meninges, peritonaeum, etc., Carcin-

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scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (sucrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIFAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchophicumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVANTE BUREAU.V.S.

T. S. No. 1.

OCCUPATION IS PHYSICIANS RECORD EXACTLY ciassified. properly pe тау that 80 0 terms. pinous plain instructions = EATH OF 1 DE CAUSE OF Important. S CAUSE

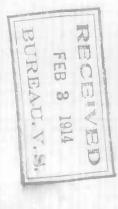
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35 fit death occurred in St.:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWEO, (Month) ORGIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ grs, \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. it not at place of death? Former or usuai residence DATE OF BURIAL (Address). 15 RECISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DIRLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septicharinus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Meastes (disease causing death), 29 68.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



4 IS

UNFADING INK-THIS

WRITE PLAINLY, WITH

N. B.—Every itsm of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cartificate.

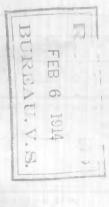
PLACE OF DEATH 357	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Va allunge	Registered No. 33
FULL NAME Diargaret and	St; Ward)  [It death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, ORDIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
GDATE OF BIRTH (Write the word)	17 Dec 27 1, 191 3, to Sand 2 5 191 4
Annary (Month) 20 (Day) /824(Year)	that I last saw h 12 alive on 1914
TAGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 7.50 T.m., The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Deute gastritis
business, or establishment in which amployed (or amployer)  BIRTHPLACE (State or country)  Country  Country	Contributory Informity of age (Secondary)  (Doration) syrs. 3 mos. 4 ds.
FATHER Alsamuel Hollon	(Signed) Lams Jorg , M. D. Lam, 3, 1914 (Address) Perstruction std
11 BIRTHPLACE OF FATHER Z (State or country) Not Known  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER  (State or country) be all bounts md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Star Burnell	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Clusters town, Md	20 UNDERTAKER  DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
Filed form 3, 1914 NOW REGISTMAN	7/m Berryman & Sons Reisterstown Ma

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc... Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblity" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of .... (name origin; "Can-State cause for -XGX



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

1 PLACE OF DEATH 358	STATE OF MARYLAND		
County Ballinger	CERTIFICATE OF DEATH		
	Registered No. 30		
Village or City Saleris ville (No Villey	18 1 300 Saluted Can Want [If death occurred in		
	a hospital or institution, give its NAME instead of streel and number.]		
FULL NAME CHAN Elizabel	Walls		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 BINGLE,	18 DATE OF DEATH Jany 5, 1914		
Temale Wite (white word)	(Month) (Day) · (Year)		
6 DATE OF BIRTH	HEREBY GERTIFY, That I attended decsaged from		
Mch 22, 1830	1. 1.6		
(Month) (Day) (Year)	0 (		
2 9 1/ 1 day,hrs.	and that death occurred on the date stated above, at 7.300 m, The CAUSE OF DEATH* was as follows:		
mos. ds. or min.?	Smile aliophe, articolorous		
(a) Trade, profession, or Assertion			
particular kind of work  (b) General nature of industry,	Calarhal munina of		
business, or establishment in which employed (or employer)	Art Lungs (Doration) -yrs - mos // to		
9 BIRTHPLACE (State or country)	(Gecondary)		
(State of country)	Light periles (Deration) - yrs - mos ts.		
10 NAME OF FATHER	(Signed) 2 Charmae(ill No		
11 BIRTHPLACE	Jan 5th, 1914 (Address) & attended he		
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	. State the DISPARE CAUSING DEATH OF In double from Water		
ME 12 MAIDEN NAME MI	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
a Mary V. Durkelt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)	At place in the		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,		
Informant Les W. Watts	if not at place of death?		
Truck and I.C.	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) A LUANCULA 15	1. 1. 10 6 1011 9 1		
Filed Jan 5 1914 Marshall B Wrot	30 UN DERTAKER ADDRESS		
REGISTRAR	18112 tutchell/201 W. B. TI		
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vivmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head \_\_ (name origin; "Can-State cause for



OCCUPATION Is very RECORD o PERMANENT classified. properly NX supplied. UNFADING back PLAINLY DEATH in plain WRITE See 0 90 Item mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred lo a hospital or institution, give its NAME instead of Street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR/OR RACE 5 SINGLE, DATE OF DEATH WIDOWED, (Month) (Day (Year) Write the word) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH 13. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated shove, at 1 day. hrs. OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ..... yrs. .... \_\_ mos. .... \_\_ ds. Stale ..... yrs, \_\_\_\_ mos. \_ Where was disease contracted. 14 THE ABOVE OF MY KNOWLEDGE If not at place of death? Former or (Informant). usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, ls indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cauwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the ture of the Americau Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of State cause for death), 29 Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU, V.S.

Y. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Ballimore  Village or City Sixth  The Sixth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35-
* FULL NAME Sydney Claren	give its NAME lostea
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4 COLOR OR RACE SINGLE, MARRIED, MATTIES WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH  May  (Month)  (Day)  (Year)	that I last saw hem alive on Junuary 1914
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 2 05 0 m  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or Day Laborev. particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary)  Manufactors (Duration)  yrsmos.//.ds.
10 NAME OF Samuel C. Wilhelm  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Margaret Wilem  12 MAIDEN NAME Margaret Wilem	(Signed) Cosefold Dace , M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Reference Reference OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs
(Address) Freehand Ball. Co. Mel  16 Filed June 14, 1914 Joseph S Ballum Great REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Pine Grove Cemetery Jam. 16, 1914  20 UNDERTAKER ADDRESS  Person N. Tropel Forceland me
(Informant) Effect V. Wilhelm  (Address) Freehand Bart. Co. Mil  Filed June 14, 1914 Joseph S. Baldum  Freehand Park Co. Mil	It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pine, Grove Connectory  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcopers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

sucb, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUTEPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ampic: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ststement of OCCUPATION is very important. See instructions on back of certificate. N. B.

PLACE OF DEATH 361	STATE OF MARYLAND
art	CERTIFICATE OF DEATH
County Walfunione	21
	Registration Dist. No. 00
Village or City Catous velle (No. ).	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead
* FULL NAME Mory & Willow	sightly of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, Married, Widower, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY GERTIFY, That I attended deceased from
8 DATE OF BIRTH	DEC 27 1913, to See 97 1914,
(Month) (Day) (Year)	that I last saw head allyeon Jan 94, 1914
7 AGE	and that death occurred on the date stated above, at 12,10 9 m,
65 yrs. 4 mos. /9 ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	about the 14 hod a learbral Kensky
(a) Frade, prefession, or particular kind of work	Johns by new fleger, Regard lee
(b) General nature of Industry,	The grown Reg. Kept lede ) tous
business, or establishment in which employed (or employer)	Policius Dimon Col (Duration) yrs. mos 38 ds.
9 BIRTHPLACE A	Contributory Co & how and These or hagher,
(State or country) Galtimore (as Md)	Done of Remonted Delin 99
10 NAME OF GALL A SELECTION	( The street of
John A Juckson	(Signed)
Z (State or country)	(Address) Chrons viele My
(State or country) Jacky one o	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Sax for when warfon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS) At place The Clehon Quest Marche Fen SER 27 1913 to June
(State or country)	of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It has home in Pullings
(Interment) 102 Be Williaghly	Former or 3230 Tosas Ra B
pled of Billing Propose	Banat testacine
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Jan 9 Wandall Block	20 UNDERTAKER ADDRESS
Filed 1914 Maistall 10 MA	Horaco Buse + Son 363/ Falls Rd
If more blanks are needed, address State Registration	1000

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of \_ (name origin; "Can "Exhaustion," Never report Examples: For VIO-



N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

PLAGE OF DEATH 362	STATE OF MARYLAND
1. Batte	CERTIFICATE OF DEATH
County NUCC	Registered No. 33
Village or City Orings Mills (No.	St; Ward) [if death occurred is a hospital or institution give its NAME instead
* FULL NAME Charles T	weneholt GI street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH  OMOTH  (Month)  (Day)  (Year)	that I last saw how alive on Saw (1 1914
(Month) (Day) (Year)  7 AGE  If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12-367 m.
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Moulde Lobar Premiere
business, or establishment in Guyannhamble Desteby which employed (or employer), Guyannhamble Desteby  BIRTHPLACE (State or country)  Batto (or Country)	(Duration) yrs. mos. 6s.  Gontributory (Secondary) (Duration) yrs. mos. 6s.
10 NAME OF Rubin suncholt	(Signed) IVVIII , M. D.  Jan 12, 1914 (Address) Oceas land torno Zuca
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Q, beeca Dawn	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Comma a une holt	Where was disease contracted, 11 not at place of death?  Former or Usual residence.
(Address) Omings Mills Me	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
If more blanks are needed, address State Registre	ar, SE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinology

childhirth or miscarriage, as "Purrerral septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF BS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accimus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can-State cause for Never report Examples:



BINDING FOR RESERVED MARGIN

Y. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

County Bullo	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Legdewood (No. 136	Registration Dist. No. Selection Dist. No. Sel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED CONTROL (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw here alive on Jan 26 1914
AGE   11 LESS than 1 day, hrs.   OR   min. ?	and that death occurred on the date stated above, at 920 pem, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work.  (b) General nature of industry, business, or establishment in	Stomack Surgs etc.  (Duration) 2 yrs. mos. ds.
which employed (or employer)  BIRTHPLACE (State or country)  Mul	Contributory Contributory (Secondary)  (Duration) yrs pos 3 ds.
10 NAME OF FATHER WILLIAM P. Ridgely 11 BIRTHPLACE	(Signed) 26 Pous Jub, M. D. Jan 27, 1914 (Address) Swans Mid
(State or country) mid  12 MAIDEN NAME OF MOTHER Consolver Coleals	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) Succes . W. LOUGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) adjuvood Firano	19 place of Burial OR REMOVAL PATE OF BURIAL  LUS GENERAL SU, 1914  20 UNDERTAKER ADDRESS
Filed Jan 28, 191 2/ Card Frank (M.) REGISTRAR !	Welling Good Balls

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichacsepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples: For vio-



#### MARQIN

RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pe IS pinous UNFADING INK-THIS properly AGE supplied. pe may carefully that it WRITE PLAINLY, WITH phoule of Information CAUSE OF Important.

#### state PHYSICIANS should of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS 3 SEX Marken 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month (Day TAGE BOCCUPATION (a) Trade, protession, or perticular kind of work. (b) General neture of industical, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

(Year)

If LESS than

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 day .....hrs.

REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

It death occurred in a hospitel or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFIC	ATE OF	DEATH	
* DATE OF DEATH	James	my .	6	, 1914 (Year)
				( = 0 = 7
17 I HEREBY	GERTIFY.	That I a	ttended dec	eased from
Jany O.	91.4, to	you	4 6.	, 191.4
Jany 5. 1	ive on	larry	6 -	, 191.
and that death occurred	on the date	stated a	bove at 8	P. ma
The CAUSE OF DEATH*	was as fol	new	mu.	<u></u>
Contributory Co-			yrsm	
	(flare	lion)	WPO -	
(1 a .)	(0010	11011)	JI S	031
(Signed)	te	we		M. I
(Signed) Sev. 7. 1914	Address)	116	odou	muep
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	AUSING DE. NS OF INJ CIDAL.	ATH, or, i	n deaths fro (2) whethe	m VIOLEN
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)	CE (FOR HO	SPITALS, Ir	STITUTIONS,	TRANSIENT
of death yrs mos.	ds.		ALC II	nne d
Where wes disease contracted, it not at place of death?				
Former or				

ADDRESS

S. No.

m

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Namc, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the nus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BUREAU. V. S.

UPATION RECORD PERMANENT classifled. properly AG INK supplied. pe UNFADING 80 WITH 2 of Inford WRITE OF

certificate. 0 back See instructions Important. Every It

1 PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or lostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 BEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDDWED, (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 12.4 5Am. 1 day.....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Seeondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ... yrs. ..... mos. .... \_ ds. Where was disease contracted. It not at place of death?-Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

pnenmonia"); fever (the only definite synonym is "Epidemic cerecausing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pncumonia," unqualified, is indefinite): Tubercu-"Croup";) prosbinai term for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal Carcinuse of

> cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "l'uerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Thmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauthre of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Branchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," tctanus) Always qualify all diseases resulting from Measles (disease cansing death). 29 ds.; (Recommendations on statement of may be stated under State cause for Never report For vio-

